Young Lives ****	CHILD ID:			FORM NO:										
CHILD QUESTIONNAIRE (7.5-8.5 YEAR OLD CHILD) (14/08/02 – Peru Version)	Р	Ε			8				R	1	8	Υ	R	S

THE YOUNG LIVES STUDY 7.5-8.5 YEAR OLD CHILD QUESTIONNAIRE

Household ID	PE	HOGARDID
Start time	::	HINI

Identification Section (RESPONDENT: YOUNG LIVES STAFF)

		(11201 01122111			, 0 , , ,,	. ,		
	INSERT CHILD ID		PΕ		3	3		CHILDID
1.	Cluster Code					l		CLUSTID
	Child's ID							CHLDNRO
	District (Foncodes code	2) 🗎						UBIGEO
	Locality (name of city,	town, village, har	nlet)	B				CIUDAD
Co	des of project team							
2.	Code of the fieldworker w	ho started the inte	rview					STAFCODE
	Signature	Ø				ı	<u> </u>	
2a.	Code of the fieldworker w	ho finished the inte	erview					STAFCODE1

2a.	Code of the fieldworker who finished the interview							STAFCODE1	
	Signature	B					ı	ı	
3.	Start Date of interview:		D	D	M	M	Y	Y	DINT
	Date of finishing the inter	view			M	M	Y	Y	DFINT
4.	Supervisor code:								SUPCODE
	Supervisor signature:	De la companya della companya della companya de la companya della					ı	ı	
4a.	Date of supervision revis	ion:	D	D	M	M	Y	Y	SUPRDATE

Data clerk signature:	<u>A</u>						_
Date of data entry:		D	M	M	Y	Y	DEDATE

5. Data clerk code:

DATACODE

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SECTION 1: Information on how to find the child (RESPONDENT: CHILD)

Household ID	PE	HOGARDID
Date form was filled	///	FINI1
Start time	::	HINI1
Fieldworker code		STAFCODE2

1.1	You told me your are called 'NAME OF CHILD', I just want to check with
	you that that is correct (INSERT FIRST NAME/S SURNAME AND CHECK
	WITH NAME ON LIST):

ENTER FIRST NAME/S:	<u> </u>	CKCHFST
ENTER SURNAME: >		CKCHSUR

SECTION 2: PERCEPTIONS OF WELLBEING (RESPONDENT: CHILD)

SAY: First I am going to ask you some questions about what you like and don't like and things you would like to do

2.1 What do you want to be when you grow up?

1. President	2. Doctor	3. Nurse	AMBITION
4. Police	5. Teacher	6. Mechanic	
7. Engineer	8. Other : SPECIFY	9. NK	SPCAMB

2.2 What makes you happy?

		•	i
1. Buying	2. Buying	3. Having a	LIKE
clothes	food/sweets	party	
4. Playing with	5. Excursions, days	6. My family	
friends	out	(being	
		together)	
7. Nothing	8. Other: SPECIFY	9. NK	
	A		SPCL

CLIKE

2.3 What makes you unhappy?

1			T	1
	1. Being	2. Parents fighting	Dirty place	DISLIKE
	beaten			
	4. Being alone,	5. When someone in	6. Fights with	
	no one taking	my family dies	siblings/cousin	
	any notice of		s/friends	
	me			
	7. Nothing	8. Other: SPECIFY	9. NK	
		A		SPCDLIK

IKE

Young Lives ****	CHII	_D ID:				FORM NO: R					
CHILD QUESTIONNAIRE (7.5-8.5 YEAR OLD CHILD) (14/08/02 – Peru Version)	Р	Ε		8		R	1	8	Υ	R	S

SAY: Now I am going to ask you to talk about the place that you live

2.4	What do you like about
	the area you live in

1. My friends	2. My family	3. The parks	LIKELIVE
4. The plants (seeing them grow)	5. Countryside (outdoors), the football pitch	6.The street	
7. Nothing	8. Other: SPECIFY	9. NK	SPCLIVE

2.5 What don't you like about the area you live in?

1. The fights,	2. It's horrible	3. It's	BADLIVE
arguments		dangerous	
4. Rubbish,	5. The drug addicts,	6. I get hit,	
dirty streets	robbers, gangs	beaten up,	
		shouted at (by	
		others)	
7. Nothing	8. Other: SPECIFY	9. NK	
	<u> </u>		SPCBLIVE

2.6 Is the water people drink around here good, bad or average?

			-
1. Good	2. Bad	3. Average	WATER

2.7 Is the air people breath around here good, bad or average?

1. Good	2. Bad	3. Average	AIR

2.8 Is the amount of rubbish on the streets around here good, bad or average?

1. Good	2. Bad	3. Average	RUBBISH

2.9 Do you think people in this area treat you well or badly?

I. Well	2. Badly	9. NK	RESPECT

2.10 Is the area you live in safe for children?

1. Yes	2. No	9. NK	SAFE

2.11 Do you get enough food to eat?

1 Vaa	O No	O NIZ	FOOD
1. Yes	2. No	9. NK	FOOD

SECTION 3: SOCIAL CAPITAL (RESPONDENT: CHILD)

3.1 How often do you play with your friends?

1. Daily	2. Weekly	3	VISIT
i. Daily	Z. VVCCKIY	J 5.	
		Occasionally	
		Occasionally	

	CONTROL STREET STREET								1 50	D14.11				
	Young Lives **			HILD ID:					FO	RM N	TURNTO TURNTO WHOTO CIFY SPCWHO ASISTESC Vel to is too sive d has expelled ability A			
CHILD	QUESTIONNAIRE (7.5-8.5 YEAR (14/08/02 – Peru Version)	OLD CHILD) F	E		8	3		R	1	8	Y	R	S
				4. Ne	ever		•		9. N	K				
3.2	If you had a problem is someone who would h			1. Ye	es	2	. No		9. N	K		Т	URN1	ГО
	IF NO GOTO SECTION	ON 4												
3.2.1	Who is this person?	1. Mum	1		2. G	randp	arent	3. Bro	ther/s	siste	r	V	/HOT	0
		4. Aunt	or u	ıncle	5. Fr	. Friend 6. Oth			ner: SPECIFY			s	PCW	НО
4.0	This year (2002) are going to school?				·		. Yes	VII. CITII	2. N	0		A	SISTI	ESC
	IF YES – GOTO 4.1 IF NO:													
4.0.1	Why aren't you going to school			ees are ensive		books are too expensive			3. Travel to school is too expensive 6. Child has		N	NOASSI	SIST	
						scho	ol	s to go to						
			tea	Frighten chers or er childr		8. So quali	ty	poor	9. 1	Jisab	ility			
			10.	In orde	r to	≥		PECIFY	99.	N/A NK				
4.1	Did you attend school la	st year?				1	. Yes		2. N	0		S	CHO	JL
	IF NO <i>GOTO 4.4</i> IF YES:													
4.2	What is the main thing y	ou don't l	ike a	about s	chool	?								

DO	N	\cap	ГΡ	R	1	M	D-	Г
\mathcal{L}	ıν	C)	ΙГ	Γ	л	٠,	г	ı

ıg	you don't like abou	ut school?		_
	1. Teachers	2. Pupils beating	3. The noise	PROBSCH
	beating			
	4. Being bored	5. Homework,	6. Dirty toilets	
		schoolwork		
	7. Exams, tests	8.The chaos,	9.Nothing	
		disorder		
	10. Other: SPECI	FY	88. N/A	SPCBSCH
	Z		99. NK	

	Young Lives &	**	CHIL	D ID:					FOF	RM NO	D:			
CHILD	0 QUESTIONNAIRE (7.5-8.5 YE (14/08/02 – Peru Versio	AR OLD CHILD) n)	Р	Е		8			R	1	8	Y	R	S
4.3	What is the main thing you like about	1. My teach	er	2. N	My frie	nds		3. L	earr	ning		s	CHG	OD
	school?	4. Playtime, games	1		Playgr dens	ound,	1	6. E	very	/thin	g			
		7. Nothing		8. C	Other: \$	SPEC	IFY	88.	N/A,	99.	NK	S	PCSC	CH
4.4	Have you done work year to get money o family?					1. Y	es		2. N	0		С	HLDV	VORK
4.5	IF NO GOTO SECTION IF YES: What were these active		PT: A	.NYTH	IING E	LSE)								
4.5.1	Activity 1 ENTER CODE IF OTHER: SPECIFY		E BO	(1 BE	LOW								/ORK /K1SF	
4.5.2	2 ACTIVITY 2 LIVILIN CODE I NOTI CODE DON I DELOV								/ORK /K2SF					
4.5.3	Activity 3 ENTER CODE IF OTHER: SPECIFY		E BO	(1 BE	LOW			_					/ORK /K3SF	-
		CODE E	SOX ²	1: AC	TIVIT	IES								
	Working in a	02= Dome		vork o	utside			= Fan	-			•	g.	
04=	ory/mine/industry Family work outside lecting water/tending	household 05= Piece		c in the	e hous	ehold	06:	oking/ = Nor tivities	n fam				ıl	
	Selling things	10= Other	: SPE	CIFY	ABO	/E	I							
.5.4	Do you like doing 'NAI	ME OF FIRS	T ACT	ΓΙVΙΤ	Y '	1. Y	es		2. N	0		J	OBSA	λ T 1
.5.5	IF YES GOTO NEXT IF NO: What is the main thing ACTIVITY'? ENTER CO IF OTHER: SPECIFY	you don't yo DDE FROM CO	u like	abou		-	ME OF	FIRS	ST				OTLII L1SP	
.5.6	Do you like doing 'NAI	ME OF SECO	OND A	ACTIV	/ITY'	1. Y	es		2. N	0		J	OBSA	λ T 2

		Young Lives **	1	CHI	LD ID:							FOF	RM NC	D:			
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4.	5.7	IF YES GOTO NEXT A IF NO: What is the main thing y SECOND ACTIVTY'? E IF OTHER: SPECIFY	ou don't yo	u lik	e ab		_									TLIKE SPE	
4.	5.8	Do you like doing 'NAM	E OF THIRI	D AC	CTIV	TY'		1. `	Yes			2. N)		JO	DBSA	.Т3
4.	5.9	IF YES GOTO 4.6 IF NO: What is the main thing y ACTIVTY'? ENTER COL IF OTHER: SPECIFY	DE FROM CO				_		ME	OF ⁻	THIR	RD				TLIKE SPE	
			CODE	BO)	〈 2 :	DIS	LIKE	ES									
	1= N	o time for school	2= Poor w	orkir	ng er	viro	nmer	nt	3=	Lon	g ho	urs					
	emp		5= Low ea	ırnin	gs				6=	Too	tirin	g					
	9= C	ther: SPECIFY ABOVE															
4.	-	Have you ever missed so were working?	hool becau	se y	ou	1. \	/es			2	. No				SCH	НАТТ	

CHILD ID:

FORM NO:

Young Lives ****	CHII	_D ID:				FOR	M NC):			
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SECTION 5: HEALTH (RESPONDENT: CHILD)

5.1	Do you have any problems that: affect how you	1. Yes	2. No	CHILFREN
	make friends or play?			
	IF NO <i>GOTO 5.3</i> IF YES:			
5.2	What is the problem? ENTER CODES FROM COD IF OTHER: SPECIFY ≥		DW W	PROBFREN
	I OTTEN SI EGI TES			CHFRSPEC
			Lan	OLUU PLAY
5.3	Do you have any problems that: stop you studying, attending school or working like other children?	1. Yes	2. No	CHILPLAY
	IF NO <i>GOTO 5.5</i> IF YES:			
5.4	What is the problem? ENTER CODES FROM COD IF OTHER: SPECIFY		DW W	PROBPLAY CHPLSPEC
5.5	Do you have any other health problems?	1. Yes	2. No	CHILOTH
	IF NO <i>GOTO SECTION 6</i> IF YES:			
5.6	What is the problem? ENTER CODES FROM COD	E BOX 3 BELO	OW	PROBOTH

01=Physical	02=Mental	03=Asthma/respir	04=HIV/AIDS
disability	disability	atory problem	
05=Skin problems	06=Anaemia	08=Other: SPECIF	Y ABOVE

Young Lives ****	CHII	LD ID:				FOR	M NO	:			
CHILD QUESTIONNAIRE (7.5-8.5 YEAR OLD CHILD) (14/08/02 – Peru Version)	Р	Е		8		R	1	8	Y	R	S

SECTION 6: LITERACY AND NUMERACY (RESPONDENT: CHILD)

SAY: Now I want to ask you about reading and writing

6.1 Can you please read me the letters, word and sentence on this card (HAND THE CHILD THE CARD)

1. Can't read	2. Reads letters] LE\
anything		
3. Reads word	4. Reads	
	sentence	

LEVLREAD

No	Alternative	1=Yes 2=No	
1	Doesn't read anything		LEVREAD1
2	Reads the letters		LEVREAD2
3	Reads the word		LEVREAD3
4	Reads the sentence		LEVREAD4
5	Refuses to do the test		LEVREAD5

6.2 Please write the following sentence (GIVE THE CHILD A PENCIL AND THE ANSWER SHEET FOR WRITING AND **READ** THE FOLLOWING

LEVLWRIT

SENTANCE IN THE APPROPRIATE LANGUAGE:

I LIKE DOGS

1. No	2. Yes without
	difficulty or errors
3. Yes with	4. Refuses to do
difficulty or errors	the test

- 6.3 Please tell me the answer to this calculation
 - 2 times 4

1. Correct	2. Incorrect
3. Doesn't know	4. Refuses to do
the answer	the test

NUMERACY

Young Lives ***	CHILD ID:					FORM NO:								
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SECTION 7: CHILD DEVELOPMENT, RAVENS CPM:

(RESPONDENT: CHILD)

FOLLOW THE RAVENS INSTRUCTIONS, PUT THE CHILD'S FINAL ANSWER IN THE APPROPRIATE BOX.

APPROPRI	ATE BOX.		
Item no.	SERIES A	SERIES A _B	SERIES B
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Young Lives ***	CHILD ID:						FORM NO:							
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Interviewer comments: (COMMENTS)

Young Lives ***	CHIL	CHILD ID:					FORM NO:							
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Literacy card for 6.1: reading

T, A, H,

Hat

The sun is hot

Young Lives ***	CHILD ID:					FORM NO:								
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Answer sheet for 6.2: writing

IF THE CHILD MAKES A MISTAKE AND WANTS TO START AGAIN TELL THEM TO
CROSS OUT WHAT THEY HAVE WRITTEN AND START AGAIN ON THE NEXT LINE