

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

State of Palestine PFS 2010



Palestinian Authority
Palestinian Central Bureau of Statistics
Palestinian Family Survey, 2010
Child questionnaire

All information in this questionnaire is for pure statistical purposes only. It is considered confidential in accordance with the Public Statistics Law of 2000.

- Now I would talk to you about all the children who live with the family and their ages under 5 years.
- This Questionnaire is made to be answered by all mothers or caretaker (check Household members list, question HL9), who provide care to children less than 5 years and live with them (Household members list HL6).
- There must be a separate Questionnaire for every eligible child .

UF2	Household number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PUF1	Questionnaire's No. in Numeration area: <input type="text"/> <input type="text"/>
PUF2	Governorate: <input type="text"/> <input type="text"/>	PUF3	Building's Address: _____
PUF4	Locality: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PUF5	Name of household head: _____
UF1	Cluster number		
UF3	Child's name: _____	UF4-Child's line number (from HL1).....	
UF5	Mother's / Caretaker's name _____		
UF6	Mother's / Caretaker's line number <input type="text"/> <input type="text"/>		

Interview record:

UF8	Visits' schedule	Day	Month	Start hour	End hour	
	1 st visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	:	:	
	2 nd visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	:	:	
	3 rd visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	:	:	
PUF6	Total number of visits					
UF9	Result of interview for children under 5	01	Completed			
		02	Not at home			
	Codes refer to mother/caretaker. <input type="text"/> <input type="text"/>	03	Refused			
		04	Partially completed			
		05	Information not available			
		06	No eligible child			
		96	Other / specify			
UF10- Interviewer number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UF11- Supervisor number				
interviewer name: _____		Supervisor name: _____				
UF12- Field edited by (Name and number):	_____	UF13- Data entry clerk (Name and number)				
: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	: _____				
		UF14- Date of entry: / /2010				

PF14	How many times did (NAME) drink or eat yogurt yesterday, during the day or night?	Number of times	<input type="text"/> <input type="text"/>	
BF15	Did (name) eat thin porridge yesterday, during the day or night?	Yes	1	
		No	2	
		Don't know	8	
BF16	Did (NAME) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Yes	1	BF18
		No	2	
		Don't know	8	
BF17	How many times did (NAME) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Number of times	<input type="text"/> <input type="text"/>	
BF18	Yesterday, during the day or night, did (NAME) drink anything from a bottle with a nipple?	Yes	1	
		No	2	
		Don't know	8	
PBF3	Refer to BF1 and circle the appropriate answer	Has breastfed	1	PBF5
		Did not breastfeed	2	
PBF4	Why didn't you breastfeed (name)? Probe for the main reason	The child was sick	01	IM1
		Refused the breast	02	
		The mother was sick	03	
		Mother did not have enough milk	04	
		Nipple or breast problems	05	
		The mother had to return to work	06	
		Other / Specify _____	96	
PBF5	Refer to BF2 Are you still breastfeeding (name)?	No, Months of breastfeeding in total	1 <input type="text"/> <input type="text"/>	
		Yes	2	IM1
PBF6	Why did you stop breastfeeding (name) at this age? Probe for and record the main reason	Reached an appropriate age	01	
		Breast milk is not enough for child growth	02	
		The child was sick	03	
		Refused the breast	04	
		The mother was sick	05	
		Did not have enough milk	06	
		Became pregnant	07	
		Wants to have another child	08	
		Wants to use contraceptive pills	09	
		Wants to work/return to work	10	
		Bottle feeding is better	11	
		Other / Specify _____	96	

Section 2 : Immunization against childhood illnesses

IM1	Now, I would like to ask you about the health of (name). Do you have an immunization card for (name) where all vaccines given to him/her are recorded? If yes, ask: Can I see the card?	Yes, seen	1	IM3
		Yes, not seen	2	IM6
		There is no card	3	
IM2	Did you have an immunization card for (name) before?	Yes	1	IM6
		No	2	

IM3	1. Copy dates for each vaccination from the card. 2. Write '44' in day column if card shows that vaccination was given but no date recorded			
	Vaccine	Day	Month	Year
	BCG			
	IPV1			
	IPV2			
	HBV1			
	HBV2			
	HBV3			
	OPV1			
	OPV2			
	OPV3			
	DPT1			
	DPT2			
	DPT3			
	Measles			
	MMR1			
	MMR2			
	Hib1			
	Hib2			
Hib3				
PIM1A	If answer in IM1.....1 (go to IM8) <input type="checkbox"/> If answer in IM1.....2 or 3 (continue)			
IM6	For children who do not have a card or has a card but the card was not seen. Was (name) given any vaccine to immunize him/her against illnesses?	Yes	1	IM18
		No	2	
		Don't know	8	
Please tell me if (name) has received any of the following vaccinations:				
IM7	BCG vaccination against tuberculosis, that is an injection in the shoulder that usually causes a scar	Yes	1	
		No	2	
		Don't know	8	
IM8	Has (NAME) ever received any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes	1	IM11
		No	2	
		Don't know	8	
IM9	Was the first polio vaccine received in the first month after birth or later?	First month	1	
		Later	2	
IM10	How many times was the polio vaccine received?	Number of times	<input type="checkbox"/>	
IM11	Has (NAME) ever received a DPT vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria?	Yes	1	
		No	2	IM13
		Don't know	8	IM13
IM12	How many times was a DPT vaccine received?	Number of times	<input type="checkbox"/>	
IM13	Has (NAME) ever been given a Hepatitis B vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting Hepatitis? IS SOMETIMES GIVEN AT THE SAME TIME AS POLIO AND DPT VACCINES	Yes	1	
		No	2	IM16
		Don't know	8	IM16

IM14	Was the first Hepatitis B vaccine received within 24 hours after birth, or later?	Within 24 hours	1	
		Later	2	
IM15	How many times was a hepatitis B vaccine received?	Number of times	<input type="text"/>	
IM16	Has (NAME) ever received a Measles injection?	Yes	1	
		No	2	
		Don't know	8	
IM18	Has (NAME) received a Vitamin A\D SYRUP within one year after birth?	Yes	1	PIM2
		No	2	
		Don't know	8	PIM2
PIM1	What is the reason for not receiving vitamin A\D?	Mother does not know where to get it	1	
		No one told her of its importance	2	
		Mother is busy	3	
		Not important	4	
		Other / Specify _____	6	
		Don't know	8	
PIM2	Has (name) received an iron syrup constantly after 6 months and for 1 year?	Yes	1	CA1
		No	2	
		Don't know	8	CA1
PIM3	What is the reason for not receiving iron syrup constantly? PROBE: IF THERE IS MORE THAN ONE CHOICE	Mother is busy	1	
		It does not taste good	2	
		Desired side effects	3	
		No need	4	
		Not available constantly in the clinic	5	
		Don't know about it	6	
		No one told me about it	7	
		Don't know	8	
		Other / Specify _____	9	

Section 3: Care of illnesses

CA1	In the last two weeks, has (NAME) had diarrhoea?	Yes	1	
		No	2	PCA6
		Don't know	8	
PCA1	For how many days did this diarrhoea last? If less than 1 day, record 00	Days	<input type="text"/>	
		Don't know.....98		
PCA2	Was there blood in the stool?	Yes	1	
		No	2	
		Don't know	8	
CA2	I would like to know how much fluids (name) was given during the diarrhea episode. Did he/she take less than usual, the same as usual or more than usual? If less than usual, probe: Did he/she take very much or a little less than usual?	Very much less than usual	1	
		A little less than usual	2	
		The usual quantity	3	
		More than usual	4	
		Did not take fluids at all	5	
		Don't know	8	
		CA3	During the time (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? If "less", probe: Was he/she given much less than usual to eat or somewhat less?	Very much less than usual
A little less than usual	2			
The usual quantity	3			
More than usual	4			
Stopped feeding	5			
Never gave food	6			
Don't know	8			

CA4	During the episode of diarrhoea, was (NAME) given to drink any of the following:		YES NO Don't know	
		A. ORS	1 2 3	
		C. Home made salt and sugar solution	1 2 3	
CA5	Was the child given anything to treat diarrhea?	Yes	1	PCA5A
		No	2	
		Don't know	8	
CA6	What (else) was given to treat the diarrhoea? PROBE: Anything else?	A. ORS	A	
		G. Home made salt and sugar solution	G	
		H. Antibiotic (capsules/syrup)	H	
		L. Antibiotic(Injection)	L	
		N. Unknown injection	N	
		O. Intravenous	O	
		Q. Home remedy / Herbal medicine	Q	
		X. Other (specify)	X	
PCA5A	During diarrhoea ,From where did you seek advice or consultation? Probe: If there more than one choice	1. physician /nurse	1	PCA6
		2. Pharmacist	2	
		3. relatives/ friends	3	
		4. Traditional healer	4	
		5. Other (specify)	5	
		6.No one	6	
PCA5	Why did not you take the advice of or consult anybody regarding the diarrhea? 1.Yes 2. No	A. The case was mild	1 2	
		B. Have previous experience	1 2	
		C. Mother was busy	1 2	
		D. Father was busy	1 2	
		E. Nobody to take the child	1 2	
		F. Service is not available / place is distant	1 2	
		G. Couldn't pay costs / bad economic condition	1 2	
		X. Other (specify): _____	1 2	
PCA6	Did (name) have fever at any time during the past two weeks?	Yes	1	
		No	2	
		Don't know	8	
CA7	At any time in the last two weeks, has (NAME) had an illness with a cough?	Yes	1	PBR1 SECTION 4
		No	2	
		Don't know	8	
CA8	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes	1	PBR1
		No	2	
		Don't know	8	
CA9	Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	Chest problem	1	PBR1
		Nose congestion	2	
		Both	3	
		Other (specify) _____	6	
		Don't know	8	
CA10	Did you seek the advice or consult anybody regarding the fever or cough?	Yes	1	CA12 CA12
		No	2	
		Don't know	8	

CA11	Where did you go to get the advice or consultation? Probe: Any other place or person?	A. Governmental hospital	A	
		B. Private health services	B	
		E. Governmental Mobile / Outreach clinic	E	
		I. Private hospital / clinic	I	
		J. Private physician	J	
		K. Pharmacy	K	
		P. Relative / Friend	P	
		R. Traditional practitioner	R	
		X. Other (specify) _____	X	
CA12	Was (NAME) given any medicine to treat fever or cough?	Yes	1	PCA7 PBR1
		No	2	
		Don't know	8	
CA13	What was (name) given to treat the fever/cough? Probe: Any other prescription or treatment?	A. Antibiotic (capsules/syrup)	A	PBR1
		B. Injection (Antibiotic)	B	
		P. Paracetamol / Panadol	P	
		Q. Aspirin	Q	
		R. Ibuprofen	R	
		S. Cough syrup	S	
		W. Home remedy or herbs	W	
		X. Other (specify) _____	X	
		Z. Don't know	Z	
PCA7	Why did not you take the advice or consult anybody regarding the fever or cough? 1. Yes 2. No	A. The case was mild	1 2	
		B. Have previous experience	1 2	
		C. Mother was busy	1 2	
		D. Father was busy	1 2	
		E. Nobody to take the child	1 2	
		F. Service is not available / place is distant	1 2	
		G. Couldn't pay costs / bad economic condition	1 2	
		X. Other (specify):	1 2	

Section 4: Birth Registration

No	Questions	Coding categories	Go to	
PBR1	Child's line number from HL1	<input type="text"/> <input type="text"/>		
PBR2	Name of child from HL2 : _____			
BR1	Does (NAME) have a birth certificate? IF YES, ASK: May I see it?	Yes, seen	1	PEC1 SECTION 5
		Yes, not seen	2	
		No	3	
		Don't know	8	
BR2	Has (NAME)'s birth been registered with the civil authorities?	Yes	1	PEC1
		No	3	
		Don't know	8	
BR3	Do you know how to register your child's birth?	Yes	1	PEC1
		No	2	

Section 5: Early Childhood Development

No	Questions	Coding categories	Go to	
PEC1	Child's line number from HL1	<input type="text"/> <input type="text"/>		
PEC2	Name of child from HL2 : _____			
EC1	How many children's books or picture books do you have for (NAME)?	None	00	
		Number of children's books	<input type="text"/> <input type="text"/>	
		Ten or more books	10	

No	Questions	Coding categories				Go to	
EC2	I am interested in learning about the things that (NAME) plays with when he/she is at home. If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.			Yes	No	Don't Know	
		A. Homemade toys such as dolls.		1	2	8	
		B. Toys from a shop		1	2	8	
		C. Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)		1	2	8	
	D. Computer/ atari	1	2	8			
EC3A	In the past week how many days was (name) left alone for more than an hour?	Number of days left alone for more than an hour Interviewer: If none enter 00 If don't know enter 98				<input type="text"/> <input type="text"/>	
EC3B	How many days in the past week was (NAME) left in the care of another child (that is, someone less than 10 years old) for more than an hour?	Number of days left with another child for more than an hour Interviewer: If none enter 00 If don't know enter 98				<input type="text"/> <input type="text"/>	
EC4	Interviewer: Check AG2: 1. Child age 3 or 4 Continue. 2. The child's age is other than that, go to Anthropometric measurements / height and weight ___						
EC5	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes		1			
		No		2		EC7	
		Don't know		3		EC7	
EC6	Within the last seven days, about how many hours did (NAME) attend?	Number of hours enter 00 if less than hour				<input type="text"/> <input type="text"/>	
PEC3	Are you satisfied with the care the child received in this organization ?	Yes		1		EC7	
		No		2			
		Don't know		3		EC7	
PEC4	Why you are not satisfied ? 1. Yes 2. No	Not enough toys in the organization		<input type="checkbox"/>			
		Carer is not qualified to offer the desired care for the child		<input type="checkbox"/>			
		Don't think it is important for the child		<input type="checkbox"/>			
		Not enough control		<input type="checkbox"/>			
		Other (specify): _____		<input type="checkbox"/>			
EC7	In the past 3 days, did you or any household member engage in any of the following activities with (NAME): 1.Yes 2.No	1.Father	2.Mother	3.Other	4.No one		
		A. Reading a book					
		B. Reading a story					
		C. A song					
		D. Taking him/her out					
		E. Playing with him/her					
	F. Spending time with him/her / drawing						
EC8	Can (NAME) identify or name at least ten letters of the alphabet?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>		
EC9	Can (NAME) read at least four simple, common words?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>		
EC10	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>		
EC11	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>		
EC12	Is (NAME) sometimes too sick to play?	1.Yes 2.No 8.Don't Know			<input type="checkbox"/>		

EC13	Does (NAME) follow simple directions on how to do something correctly?	1.Yes 2.No 8.Don't Know	<input type="checkbox"/>	
EC14	When given something to do, is (NAME) able to do it independently?	1.Yes 2.No 8.Don't Know	<input type="checkbox"/>	
EC15	Does (NAME) get along well with other children?	1.Yes 2.No 8.Don't Know	<input type="checkbox"/>	
EC16	Does (NAME) kick, bite, or hit other children or adults?	1.Yes 2.No 8.Don't Know	<input type="checkbox"/>	
EC17	Does (NAME) get distracted easily?	1.Yes 2.No 8.Don't Know	<input type="checkbox"/>	

Section 6: Anthropometric measurements / height and weight

No	Questions			
PAN1	Child's line number from HL1	_ _ _		
PAN2	Child's name from HL2	_____		
AN1	MEASURER'S NAME AND NUMBER:			_ _ _ _
PAN3	Assistant Name and number:		_____	_ _ _ _
AN2	Result of height / length and weight measurement	Either or both measured	1	
		Child not present	2	
		Child or carer refused	3	
		Other (specify)	6	
AN3	CHILD'S WEIGHT in kg	Kilograms (kg) Interviewer :Weight not 99.9 measured record	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AN4	Check age of child in AG2: Child under 2 years old. Measure length (lying down). Child age 2 or more years. Measure height (standing up).	A. Length Lying down	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		B. Height Standing up	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		C. Length / Height not measured record 9999.9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

HB Percentage for children less than 5 years

Interviewer: Now I would like to measure the Hemoglobin percentage in the blood (HB) for (NAME) as part of the survey in order to measure anemia., Anemia is consider as one of the serious problems faced by a child as a result of poor nutrition., We will take some blood from the child's finger and will get the result within minutes. You can have the examination result as well and we treat it as confidential information.

PCHB1	Result 1.HB is measured 2.Child not present. 3.Mother/ carer refused. 4. Child refused. 5. Child is sick. 6.Other (specify)	<input type="checkbox"/>	
PCHB2	Name and number of person taking the HB measurement	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PCHB3	Mother's line number / carer from HL1	_____	<input type="checkbox"/> <input type="checkbox"/>
PCHB3	Child's line number from HL1	_____	<input type="checkbox"/> <input type="checkbox"/>
PCHB4	Child's name from HL2	_____	
PCHB5	Percentage of HB in the blood (G\DL)	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations