

**QUESTIONNAIRE FOR CHILDREN UNDER FIVE**  
[Qatar]



UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number:	UF2. Household number:	
_____	_____	
UF3. Child's name:	UF4. Child's line number:	
Name _____	_____	
UF5. Mother's / Caretaker's name:	UF6. Mother's / Caretaker's line number:	
Name _____	_____	
UF7. Interviewer name and number:	UF8. Day / Month / Year of interview:	
Name _____	____ / ____ / _____	

Repeat greeting if not already read to this respondent:

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

WE ARE FROM QATAR STATISTICS AUTHORITY. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 30 - 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 - 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5	Completed .....01
	Not at home .....02
	Refused .....03
	Partly completed .....04
	Incapacitated .....05
Codes refer to mother/caretaker.	Other ( <i>specify</i> ) _____ 96

UF10. Field edited by (Name and number): Name..... _ _	UF11. Data entry clerk (Name and number): Name ..... _ _
UF12. Record the time.	Hour and minutes ..... : _ _

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (<i>name</i>).</p> <p>IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day ..... _ _</p> <p>DK day..... 98</p> <p>Month..... _ _</p> <p>Year ..... _ _ _ _</p>	
<p>AG2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) ..... _</p>	

**EARLY CHILDHOOD DEVELOPMENT**

**EC**

EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR *(name)*?

None .....00  
 Number of children’s books .....0 \_\_  
 Ten or more books ..... 10

EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT *(name)* PLAYS WITH WHEN HE/SHE IS AT HOME.

DOES HE/SHE PLAY WITH:

	Y	N	DK
[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?	Homemade toys .....1	2	8
[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?	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)?	Household objects or outside objects .....1	2	8
[D] COMPUTERS OR COMPUTER GAMES?	Computers or computer games ....1	2	8

If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response

EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.

ON HOW MANY DAYS IN THE PAST WEEK WAS *(name)*:

[A] LEFT ALONE FOR MORE THAN AN HOUR?      Number of days left alone for more than an hour .....\_\_

[B] 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 other child for more than an hour .....\_\_

If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’

EC4. Check AG2: Age of child

- Child age 3 or 4 ⇒ Continue with EC5
- Child age 0, 1 or 2 ⇒ Go to Next Module

EC5. DOES *(name)* ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING

Yes ..... 1  
 No .....2      2⇒EC7

**EARLY CHILDHOOD DEVELOPMENT**

**EC**

<p>KINDERGARTEN OR COMMUNITY CHILD CARE? EC5A. ARE YOU SATISFIED WITH THE EXPERIENCE?</p>	<p>DK.....8 Yes .....1 No .....2 DK.....8</p>	<p>8⇒EC7</p>					
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?</p>	<p>Number of hours.....__ __</p>						
<p>EC7. IN THE PAST 7 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):  If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?  Circle all that apply.</p>							
<p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p>	<table border="1"> <tr> <td data-bbox="755 987 966 1067">Read books</td> <td data-bbox="966 987 1063 1067">A</td> <td data-bbox="1063 987 1161 1067">B</td> <td data-bbox="1161 987 1258 1067">X</td> <td data-bbox="1258 987 1307 1067">Y</td> </tr> </table>	Read books	A	B	X	Y	
Read books	A	B	X	Y			
<p>[B] TOLD STORIES TO (name)?</p>	<table border="1"> <tr> <td data-bbox="755 1067 966 1148">Told stories</td> <td data-bbox="966 1067 1063 1148">A</td> <td data-bbox="1063 1067 1161 1148">B</td> <td data-bbox="1161 1067 1258 1148">X</td> <td data-bbox="1258 1067 1307 1148">Y</td> </tr> </table>	Told stories	A	B	X	Y	
Told stories	A	B	X	Y			
<p>[C] SANG SONGS TO (name) OR WITH (name)?</p>	<table border="1"> <tr> <td data-bbox="755 1148 966 1228">Sang songs</td> <td data-bbox="966 1148 1063 1228">A</td> <td data-bbox="1063 1148 1161 1228">B</td> <td data-bbox="1161 1148 1258 1228">X</td> <td data-bbox="1258 1148 1307 1228">Y</td> </tr> </table>	Sang songs	A	B	X	Y	
Sang songs	A	B	X	Y			
<p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p>	<table border="1"> <tr> <td data-bbox="755 1228 966 1308">Took outside</td> <td data-bbox="966 1228 1063 1308">A</td> <td data-bbox="1063 1228 1161 1308">B</td> <td data-bbox="1161 1228 1258 1308">X</td> <td data-bbox="1258 1228 1307 1308">Y</td> </tr> </table>	Took outside	A	B	X	Y	
Took outside	A	B	X	Y			
<p>[E] PLAYED WITH (name)?</p>	<table border="1"> <tr> <td data-bbox="755 1308 966 1389">Played with</td> <td data-bbox="966 1308 1063 1389">A</td> <td data-bbox="1063 1308 1161 1389">B</td> <td data-bbox="1161 1308 1258 1389">X</td> <td data-bbox="1258 1308 1307 1389">Y</td> </tr> </table>	Played with	A	B	X	Y	
Played with	A	B	X	Y			
<p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table border="1"> <tr> <td data-bbox="755 1389 966 1469">Named/counted</td> <td data-bbox="966 1389 1063 1469">A</td> <td data-bbox="1063 1389 1161 1469">B</td> <td data-bbox="1161 1389 1258 1469">X</td> <td data-bbox="1258 1389 1307 1469">Y</td> </tr> </table>	Named/counted	A	B	X	Y	
Named/counted	A	B	X	Y			
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.  CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes .....1 No .....2 DK.....8</p>						
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes .....1 No .....2 DK.....8</p>						
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes .....1 No .....2 DK.....8</p>						

EARLY CHILDHOOD DEVELOPMENT		EC
EC11. CAN ( <i>name</i> ) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes ..... 1 No ..... 2 DK..... 8	
EC12. IS ( <i>name</i> ) SOMETIMES TOO SICK TO PLAY?	Yes ..... 1 No ..... 2 DK..... 8	
EC13. DOES ( <i>name</i> ) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes ..... 1 No ..... 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS ( <i>name</i> ) ABLE TO DO IT INDEPENDENTLY?	Yes ..... 1 No ..... 2 DK..... 8	
EC15. DOES ( <i>name</i> ) GET ALONG WELL WITH OTHER CHILDREN?	Yes ..... 1 No ..... 2 DK..... 8	
EC16. DOES ( <i>name</i> ) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes ..... 1 No ..... 2 DK..... 8	
EC17. DOES ( <i>name</i> ) GET DISTRACTED EASILY?	Yes ..... 1 No ..... 2 DK..... 8	

BREASTFEEDING		BF
BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT ( <i>name</i> ) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER ( <i>name</i> ) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.  Did ( <i>name</i> ) <u>drink plain water</u> yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK..... 8	
BF4. DID ( <i>name</i> ) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID ( <i>name</i> ) DRINK INFANT FORMULA?	Number of times ..... __ __	
BF6. DID ( <i>name</i> ) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID ( <i>name</i> ) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... __ __	
BF8. DID ( <i>name</i> ) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK..... 8	
BF9. DID ( <i>name</i> ) DRINK <u>clear broth/clear soup</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK..... 8	
BF10. DID ( <i>name</i> ) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK..... 8	
BF11. DID ( <i>name</i> ) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK..... 8	

BREASTFEEDING		BF
BF12. DID ( <i>name</i> ) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK..... 8	
BF13. DID ( <i>name</i> ) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK..... 8	2⇒BF15  8⇒BF15
BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF15. DID ( <i>name</i> ) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK..... 8	
BF16. DID ( <i>name</i> ) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK..... 8	2⇒BF18  8⇒BF18
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes ..... 1 No ..... 2  DK..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes ..... 1 No ..... 2  DK..... 8	 2⇒CA7  8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).  DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5  DK..... 8	
CA3. DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If “less”, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6  DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS ( <i>name</i> ) GIVEN TO DRINK ANY OF THE FOLLOWING:  Read each item aloud and record response before proceeding to the next item.  [A] A FLUID MADE FROM A SPECIAL PACKET?  [B] A HOMEMADE FLUID FOR DIARRHOEA?	          <div style="text-align: right;">Y N DK</div> Fluid from ORS packet ..... 1 2 8  Homemade ORS fluid ..... 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No ..... 2  DK..... 8	 2⇒CA7  8⇒CA7



**CARE OF ILLNESS**

**CA**

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Zinc ..... C</p> <p>Other (Not antibiotic, antimotility or zinc) ..... G</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only ..... 1</p> <p>Blocked or runny nose only ..... 2</p> <p>Both ..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK ..... 8</p>	<p>2⇒NEXT MODULE</p> <p>6⇒NEXT MODULE</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the</p>	<p>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre ..... B</p> <p>Govt. health post ..... C</p> <p>Village health worker ..... D</p> <p>Mobile / Outreach clinic ..... E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Mobile clinic ..... L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend ..... P</p>	

CARE OF ILLNESS		CA
place.  _____ (Name of place)	Shop ..... Q Traditional practitioner ..... R Other ( <i>specify</i> ) _____ X	
CA12. WAS ( <i>name</i> ) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 No ..... 2 DK..... 8	2⇒ NEXT MODULE 8⇒ NEXT MODULE
CA13. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  Circle all medicines given. Write brand name(s) of all medicines mentioned.  _____ (Names of medicines)	Antibiotic Pill / Syrup ..... A Injection ..... B  Anti-malarials..... M  Paracetamol / Panadol / Acetaminophen... P Aspirin ..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) _____ X DK..... Z	

UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?

- Yes ⇒ Go to the next *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to be administered to the same respondent
- No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation

*Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.*

*Move to another woman's, man's or under-5 questionnaire*