



State of Palestine  
Palestinian Central Bureau of Statistics



**QUESTIONNAIRE FOR CHILDREN UNDER FIVE**  
*Palestinian Multiple Indicator Cluster Survey, 2014*

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
<b>UF1. Cluster number:</b> _____	<b>UF2. Household number:</b> _____	
<b>UF3. Child's name:</b> Name _____	<b>UF4. Child's line number:</b> _____	
<b>UF5. Mother's / Caretaker's name:</b> Name _____	<b>UF6. Mother's / Caretaker's line number:</b> _____	
<b>UF7. Interviewer's name and number:</b> Name _____	<b>UF8. Day / Month / Year of interview:</b> _____ / _____ / <b>2014</b>	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM PALESTINIAN CENTRAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT <b>25</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT <b>25</b> MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>	

<b>UF9. Result of interview for children under 5</b>  <i>Codes refer to mother/caretaker.</i>	Completed .....01 Not at home .....02 Refused .....03 Partly completed.....04 Incapacitated .....05  Other ( <i>specify</i> ) _____ 96
<b>UF10. Field editor's name and number:</b> Name _____	<b>UF11. Main data entry clerk's name and number:</b> Name .....

<b>UF12.</b> <i>Record the time.</i>	Hour and minutes..... : ..	
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AGE	AG	
<p><b>AG1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... _ _</p> <p>DK day.....98</p> <p>Month..... _ _</p> <p>Year ..... 2 0 _ _</p>	
<p><b>AG2.</b> HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ..... _</p>	

BIRTH REGISTRATION		BR
<b>BR1. DOES (name) HAVE A BIRTH CERTIFICATE?</b>  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1  Yes, not seen.....2  No .....3  DK.....8	1⇒Next Module  2⇒Next Module
<b>BR2. HAS (name)'S BIRTH BEEN REGISTERED IN THE MINISTRY OF INTERIOR?</b>	Yes ..... 1  No .....2  DK.....8	1⇒Next Module
<b>BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?</b>	Yes ..... 1 No .....2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<b>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</b>	None .....00 Number of children's books.....0 ____ Ten or more books .....10																	
<b>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</b>  DOES HE/SHE PLAY WITH:  [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?  [B] TOYS FROM A SHOP OR MANUFACTURED TOYS?  [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?  <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Homemade toys .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Y	N	DK	Homemade toys .....	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects .....	1	2	8	
	Y	N	DK															
Homemade toys .....	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects .....	1	2	8															
<b>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.</b>  ON HOW MANY DAYS IN THE PAST WEEK WAS (name):  [A] 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?  <i>If 'none' enter '0'. If 'don't know' enter '8'</i>	Number of days left alone for more than an hour ..... ____  Number of days left with other child for more than an hour ..... ____																	
<b>EC4. Check AG2: Age of child</b>  <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module  <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5																		
<b>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?</b>	Yes .....1 No .....2 DK.....8																	

<p><b>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</b></p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p><b>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). 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 (name)'S DEVELOPMENT.</b></p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p><b>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</b></p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p><b>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</b></p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p><b>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</b></p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p><b>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</b></p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p><b>EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</b></p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				

<b>EC14.</b> WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes .....1 No .....2 DK.....8	
<b>EC15.</b> DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes .....1 No .....2 DK.....8	
<b>EC16.</b> DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....1 No .....2 DK.....8	
<b>EC17.</b> DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes .....1 No .....2 DK.....8	

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1. Check AG2: Age of child</b> <input type="checkbox"/> Child age 0, 1 or 2 years ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 years ⇒ Go to CARE OF ILLNESS Module		
<b>BD2. HAS (name) EVER BEEN BREASTFED?</b>	Yes .....1 No .....2 DK .....8	2⇒BD4 8⇒BD4
<b>BD3. IS (name) STILL BEING BREASTFED?</b>	Yes .....1 No .....2 DK .....8	
<b>BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</b>	Yes .....1 No .....2 DK .....8	
<b>BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?</b>	Yes .....1 No .....2 DK .....8	
<b>BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?</b>	Yes .....1 No .....2 DK .....8	
<b>BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</b>  PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.  DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:	Yes No DK	
[A] PLAIN WATER?	Plain water 1 2 8	
[B] JUICE DRINKS? like orange juice	juice drinks 1 2 8	
[C] Maraka? Like clear chicken, or clear meat Maraka.	Clear Maraka (without any chicken or meat pieces) 1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk 1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank milk.....	
[E] INFANT FORMULA?	Infant formula 1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank infant formula.....	
[F] ANY OTHER LIQUIDS? SUCH AS DRINKING HERBS AND TEA.	Other liquids (specify)..... 1 2 8	

<b>BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</b>  PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.  DID (name) EAT (Name of food) YESTERDAY DURING THE DAY OR THE NIGHT:				
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate yogurt.....		
[B] CERELAC, OR NINOLAC?	Cerelac, Ninolac	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, BULGUR OR OTHER FOODS MADE FROM GRAINS ?	Foods made from grains	1	2	8
[D] CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, SPINACH, MALLOW (KHUBAZEH) OR ANY LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, OR APRICOT?	Ripe mangoes, or apricot	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES? LIKE PARSLEY, MINT OR GRAPE LEAVES, OR APPLE, BANANA	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS? LIKE HUMOS	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK, DRIED YOGURT (LABANEH), KASTARED?	Cheese or other food made from milk	1	2	8
[P] ANY OTHER FOOD MADE WITH MILK? LIKE KASTARAD, SEMOLINA WITH MILK.	Any other food made with Milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food (specify).....	1	2	8
<b>BD9. Check BD8 (Categories "A" through "O")</b> <input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11 <input type="checkbox"/> Else ⇒ Continue with BD10				
<b>BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night</b> <input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module <input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11				
<b>BD11. HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?</b>		Number of times ..... DK ..... 8		



<i>If 7 or more times, record '7'.</i>		
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IMMUNIZATION										IM
<i>If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6- <b>IM17B</b> will only be asked if a card is not available.</i>										
<b>IM1.</b> DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?  <i>If yes: MAY I SEE IT PLEASE?</i>					Yes, seen.....1 Yes, not seen.....2 No card .....3					1⇒IM3 2⇒IM6
<b>IM2.</b> DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (name)?					Yes.....1 No .....2					1⇒IM6 2⇒IM6
<b>IM3.</b> (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.					Date of Immunization Day      Month      Year					
HEP.B 1(HEPB AT BIRTH)      HEP.B 1										
BCG      BCG										
IPV 1      IPV1										
IPV 2      IPV2										
PENTA1      DPT1+ Hib1 + HEP. B2										
PENTA2      DPT2+ Hib2 + HEP. B3										
PENTA3      DPT3+ Hib3 + HEP. B4										
POLIO 1      OPV1										
POLIO 2      OPV2										
POLIO 3      OPV3										
POLIO 4      OPV4										
PNEUMOCOCCAL CONJUGATE      PCV 1										
PNEUMOCOCCAL CONJUGATE      PCV 2										
PNEUMOCOCCAL CONJUGATE      PCV 3										
MMR1      MMR1										
MMR2      MMR2										
DPT 4      DPT 4										
<b>IM4.</b> Check IM3. Are all vaccines ( <b>HepB 1 to DPT4</b> ) recorded?  <input type="checkbox"/> Yes⇒ Go to Next Module  <input type="checkbox"/> No ⇒ Continue with IM5										

<b>IM5.</b> IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID ( <i>name</i> ) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAY? <input type="checkbox"/> <i>Yes</i> ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to Next Module <input type="checkbox"/> <i>No/DK</i> ⇒ Go to Next Module		
<b>IM6.</b> HAS ( <i>name</i> ) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒ Next Module 8⇒ Next Module
<b>IM7.</b> HAS ( <i>name</i> ) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>IM7A.</b> HAS ( <i>name</i> ) EVER RECEIVED A IPV INJECTION VACCINATION THAT IS A SHOT IN THE ARM AT THE AGE OF 1 MONTHS OR OLDER - TO PROTECT HIM/HER FROM POLIO?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒IM8 8⇒IM8
<b>IM7B.</b> HOW MANY TIMES WAS THE IPV VACCINE RECEIVED?	Number of times .....	
<b>IM8.</b> HAS ( <i>name</i> ) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒IM11 8⇒IM11
<b>IM9.</b> WAS THE FIRST POLIO VACCINE RECEIVED IN THE AGE OF TWO MONTHS?	Yes ..... 1 No ..... 2	
<b>IM10.</b> HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times .....	
<b>IM11.</b> HAS ( <i>name</i> ) EVER RECEIVED A PENTA (DPT+ HIB1 + HEPB2) VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA AND TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B AND HEPATITIS B?  <i>Probe by indicating that DPT &amp; Hib vaccination is sometimes given at the same time as Polio</i>	Yes ..... 1 No ..... 2 DK ..... 8	2⇒IM12B 8⇒IM12B
<b>IM12.</b> HOW MANY TIMES WAS THE DPT & HIB VACCINE RECEIVED?	Number of times .....	
<b>IM12B.</b> HAS ( <i>name</i> ) EVER RECEIVED THE FOURTH DOSE OF DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA ?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>IM14.</b> WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>IM16A.</b> HAS ( <i>name</i> ) EVER RECEIVED A MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒ IM17A 8⇒ IM17A

<b>IM16B.</b> HOW MANY TIMES WAS A MMR RECEIVED?	Number of times .....	
<b>IM17A:</b> HAS ( <i>name</i> ) EVER RECEIVED A PCV INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 2 MONTHS, 4 MONTHS AND 12 MONTHS - TO PREVENT HIM/HER FROM GETTING PNEUMOCOCCAL CONJUGATE?	Yes ..... 1 No ..... 2 DK..... 8	2⇒ <i>Next Module</i> 8⇒ <i>Next Module</i>
<b>IM17B:</b> HOW MANY TIMES WAS A PCV RECEIVED?	Number of times .....	

CARE OF ILLNESS		CA
<b>CA1.</b> IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA7 8⇒CA7
<b>CA2.</b> 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 Some what less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 DK..... 8	
<b>CA3.</b> 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	
<b>CA3A.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA4 8⇒CA4
<b>CA3B.</b> FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?  <i>Probe:</i> ANYWHERE ELSE?  <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>  <i>Probe to identify each type of source.</i>  <i>If unable to determine if public or private sector, write the name of the place.</i>  _____ ( <i>Name of place</i> )	Public sector Government hospital ..... A Government health centre/clinic ..... B Mobile / Outreach clinic ..... E  Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K  Other source Relative / Friend ..... P Traditional practitioner ..... R  NGO's Medical Sector NGO's hospital/ health clinic..... S  UNRWA Medical sector UNRWA hospital/ health centre..... T  Israeli Medical sector Israeli hospital/ health centre..... U  Other ( <i>specify</i> ) ..... X	

<p><b>CA4.</b> DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK:</p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS PACKET SOLUTION?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA IF ANY PRE-PACKAGED ORS FLUID?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet ..... 1 2 8</p> <p>Pre-packaged ORS fluid ..... 1 2 8</p>	
<p><b>CA4A.</b> Check CA4: ORS</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA5</p>		

<p><b>CA4B.</b> WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Government health centre/clinic ..... 12</p> <p>Mobile / Outreach clinic ..... 15</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Traditional practitioner ..... 33</p> <p>Already had at home ..... 40</p> <p>NGO's Medical Sector</p> <p>NGO's hospital/ health clinic ..... 41</p> <p>UNRWA Medical sector</p> <p>UNRWA hospital/ health centre ..... 51</p> <p>Israeli Medical sector</p> <p>Israeli hospital/ health centre ..... 61</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p><b>CA5.</b> WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA7</p> <p>2⇒CA7</p>
<p><b>CA6.</b> WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of</i></p>	<p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Unknown injection ..... N</p>	

<i>all medicines mentioned.</i>  _____ (Name)	Intravenous..... O Home remedy / Herbal medicine..... Q Other ( <i>specify</i> ) ..... X	
<b>CA7.</b> AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No ..... 2 DK..... 8	2⇒UF13 8⇒UF13
<b>CA8.</b> 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 No ..... 2 DK..... 8	2⇒CA10 8⇒CA10
<b>CA9.</b> WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only ..... 1 Blocked or runny nose only ..... 2 Both ..... 3 Other ( <i>specify</i> ) ..... 6 DK..... 8	
<b>CA10.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA12 8⇒CA12
<b>CA11.</b> FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?  <i>Probe:</i> ANYWHERE ELSE?  <i>Circle all providers mentioned,</i> <i>but do NOT prompt with any suggestions.</i>  <i>Probe to identify each type of source.</i>  <i>If unable to determine if public or private sector,</i> <i>write the name of the place.</i>  _____ (Name of place)	Public sector Government hospital ..... A Government health centre/clinic..... B Mobile / Outreach clinic ..... E Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K Other source Relative / Friend ..... P Traditional practitioner ..... R NGO's Medical Sector NGO's hospital/ health clinic ..... S UNRWA Medical sector UNRWA hospital/ health centre..... T Israeli Medical sector Israeli hospital/ health centre..... U Other ( <i>specify</i> ) ..... X	
<b>CA12.</b> AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes ..... 1 No ..... 2 DK..... 8	2⇒UF13 8⇒UF13
<b>CA13.</b> WHAT MEDICINE WAS (name) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?	Antibiotic: Pill / Syrup ..... I Injection ..... J Other medications:	

<p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Paracetamol/ Panadol /Acamol..... P</p> <p>Ibuprofen ..... R</p> <p>Other (specify) _____ X</p> <p>DK.....Z</p>	
<p><b>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</b></p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B</p> <p><input type="checkbox"/> No ⇒ Go to UF13</p>		
<p><b>CA13B. WHERE DID YOU GET THE (NAME OF MEDICINE FROM CA13)?</b></p> <p>Probe to identify the type of source.</p> <p>If unable to determine whether public or private, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Government health centre/clinic..... 12</p> <p>Mobile / Outreach clinic ..... 15</p> <p>Private medical sector</p> <p>Private hospital / clinic .....21</p> <p>Private physician .....22</p> <p>Private pharmacy .....23</p> <p>Other source</p> <p>Relative / Friend .....31</p> <p>Traditional practitioner .....33</p> <p>Already had at home .....40</p> <p>NGO's Medical Sector</p> <p>NGO's hospital/ health clinic .....41</p> <p>UNRWA Medical sector</p> <p>UNRWA hospital/ health centre.....51</p> <p>Israeli Medical sector</p> <p>Israeli hospital/ health centre.....61</p> <p>Other (specify) _____96</p>	

<p><b>UF13. Record the time.</b></p>	<p>Hour and minutes ..... : ..</p>	
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<p><b>UF14. Check List of Household Members, columns HL7B and HL15.</b></p> <p>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next <b>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</b> to be administered to the same respondent</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household</p> <p>Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.</p>
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ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.</p>		
<b>AN1.</b> Measurer's name and number:	Name _____	
<b>AN2.</b> Result of height / length and weight measurement	Either or both measured ..... 1	
	Child not present ..... 2	2⇒AN6
	Child or mother/caretaker refused ..... 3	3⇒AN6
	Other (specify) ..... 6	6⇒AN6
<b>AN3.</b> Child's weight	Kilograms (kg) ..... .	
	Weight not measured ..... 99.9	
<p><b>AN3A.</b> Was the child undressed to the minimum?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the child could not be undressed to the minimum</p>		
<p><b>AN3B.</b> Check age of child in AG2:</p> <p><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</p>		
<b>AN4.</b> Child's length / height (cm)	Length / Height ..... .	
	Length / Height not measured ..... 999.9	⇒ AN6
<b>AN4A.</b> How was the child actually measured? Lying down or standing up?	Lying down ..... 1	
	Standing up ..... 2	

<p><b>AN6.</b> Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.</p>
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**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

**Measurer's Observations**