



SURVEY GUIDELINES TO ASSESS THE STATUS OF EARLY CHILDHOOD DEVELOPMENT IN LOW- AND MIDDLE- INCOME SETTINGS

Ellen Goodman, Ed Forrest, Akshay Patel



Survey Guidelines to assess the status of Early Childhood Development in low- and middle-income settings

Introduction to the survey

- ❖ There are 4 questionnaires:
 - Questionnaire A: 12 months – 23 months 30 days
 - Questionnaire B: 24 months – 35 months 30 days
 - Questionnaire C: 36 months – 47 months 30 days
 - Questionnaire D: 48 months – 59 months 30 days

- ❖ Each questionnaire has 3 sections:
 - Section 1: Child's Developmental Status
This section lists age-appropriate developmental indicators.
The indicators split into sections: physical, language & cognitive, social & emotional

Additional equipment needed

- Pencil and paper
- A container with some small objects
- A book
- Building blocks (8 minimum)
- Two balls, one big and one small

Survey Protocol

General

- This survey is split into 3 sections:
 1. The child's developmental status
 2. Caring practices
 3. Capacity to care
- Information about the child will be gathered primarily through asking the main caregiver questions, as well as a short play observation session (around 20 minutes)

Before the survey begins

- Introduce yourself, explain the survey and ask for consent
- Identify who the main caregiver is – who spends the most time with the child and will be most capable to answer questions
- Make sure the child in question is present and awake. If not, arrange a time to return to complete the survey.

Completing the survey

- Start by going through the questions of all 3 sections with the main caregiver

Child's Developmental Status

- First go through the questions with the caregiver
- Once you have completed the questions, introduce the child to the toys and engage the child in a play session for approximately 20 minutes – it's OK for other children and/or caregivers to join in during this session
- The caregiver's response should always be accepted. If you have any doubts about the caregiver's answer, or if the answer is 'doesn't know', then use the observation time to try and resolve this. If after the observation session you have doubts about the validity of an answer, then probe the question further with the caregiver, but ultimately, the caregiver's answer should be the one recorded.
- For all of the developmental status questions, you can demonstrate the action to the child first
- Allow the child up to 3 attempts to complete something, such as building a block tower, before deciding whether the answer is yes or no
- The shaded developmental indicators are key indicators – if a child is missing any one of the shaded indicators, this constitutes delay. If a child is missing 50% or more of non-shaded indicators (where 50% equals more than one) then this also constitutes delay.

Caring Practices & Capacity to care

- Go through the questions with the caregiver
- Where there are probe questions, or opportunities to cross-check what the caregiver is reporting, take these opportunities (e.g. using vaccination card to verify reported vaccinations)

After the survey

- If the survey was conducted with 2 observers, then debrief following the survey, to ensure there is agreement between observers about developmental status
- Ensure all sections of the questionnaire have been completed clearly and legibly
- Where additional explanatory notes are needed to accompany the questionnaire, write these at the end of the survey- these might include comments about difficulty in conducting the survey (e.g. because the child was not able to cooperate, notes about uncertainties in the survey etc).
- The main investigators should review the surveys conducted on a daily basis and seek clarity from observers where these are needed.
- Data entry of survey results should be double entered into a database package with appropriate data validation checks before analysis of findings.

Questionnaire A: 12 months – 23 months 30 days

Child First name		Child date of birth	__/__/----
Child Surname		Interviewer Code	<input type="text"/> <input type="text"/>
Child Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interview Date 1	__/__/----
Respondent Name		Interview Date 2 (if revisited)	__/__/----
Responder Code	<input type="text"/> <input type="text"/>		

Consent: Hello. My name is _____. I am working with _____. We are conducting a survey about the situation of children aged 1 – 5 years old in Bakhel. I would like to talk to you about [*name of child*]'s health and well-being. The interview will take about 45 minutes. We hope that this survey will help us to provide future support to families like yours with children aged 5 years and under. All of the information given will remain strictly confidential and only be accessible to the RBKS and Educate for Life teams in India and the UK.

In case you need more information about the survey, you may contact me, Ms. _____. My number is _____.

Do you have any questions?
May I start the interview now?

Respondent name: _____ Signature: _____

Date: __/__/----

Section 1: Child's Development Status

Physical Development Indicators: Growth			
GR.1	Height	_m	__ cm
GR.2	Weight	__ kg	---- g

Physical Development Indicators: Gross Motor				
		Y [01]	N [02]	DK [99]
GM.1	Can (<i>name</i>) get from sitting to crawling position?			

Physical Development Indicators: Fine Motor				
		Y [01]	N [02]	DK [99]
FM.1	Does (<i>name</i>) eat their food independently with their fingers?			

Language and Cognitive Development Indicators: Language				
		Y [01]	N [02]	DK [99]
L.1	Does (<i>name</i>) identify two people by name – for example “dada” and “mama”?			

Language and Cognitive Development Indicators: Cognitive				
		Y [01]	N [02]	DK [99]
C.1	Does (<i>name</i>) make any recognisable gestures e.g. waving (refer to list)?			

Social and Emotional Development Indicators: Social				
		Y [01]	N [02]	DK [99]
S.1	Does (<i>name</i>) show pleasure in age appropriate games and interactions (refer to list)?			

Section 2: Caring Practices

PD.1	Was (<i>name</i>) put to the breast yesterday?	Yes No Don't know	01 02 99	--
PD.2	How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?	1 2 3 >3 Don't know	01 02 03 04 99	--
PD.3	Do you have a card where (<i>name</i>)'s vaccinations are written down? If yes: May I see it please?	Yes, seen No card shown	01 02	-- If yes, skip to PD.6
PD.4	Did you ever have a vaccination or child health card for (<i>name</i>)?	Yes No Don't know Not applicable	01 02 99 88	--
PD.5	Has (<i>name</i>) received any vaccinations, including vaccinations received in campaigns or on immunisation days or child health days?	Yes No Don't know	01 02 99	-- If yes, skip to PD.7 If no/don't know, skip to PD.20

<p>PD.6</p>	<p>Use the vaccination card to complete the table below.</p> <table border="1" data-bbox="302 283 1474 569"> <thead> <tr> <th></th> <th>BCG</th> <th>Polio</th> <th>DPT</th> <th>Hep B</th> <th>Measles</th> <th>Vitamin A</th> </tr> </thead> <tbody> <tr> <td>Birth</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9-12 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16-24 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Is the vaccination record complete? Yes ----> proceed to PD. 20</p> <p>No -----> probe, using relevant questions below</p>				BCG	Polio	DPT	Hep B	Measles	Vitamin A	Birth							6 weeks							10 weeks							14 weeks							9-12 months							16-24 months						
	BCG	Polio	DPT	Hep B	Measles	Vitamin A																																														
Birth																																																				
6 weeks																																																				
10 weeks																																																				
14 weeks																																																				
9-12 months																																																				
16-24 months																																																				
<p>PD.7</p>	<p>BCG: Did (<i>name</i>) ever receive BCG vaccination against Tuberculosis – that is an injection in the shoulder which usually causes a scar?</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>--</p>																																																
<p>PD.8</p>	<p>POLIO: Did (<i>name</i>) ever receive any vaccination drops in the mouth to protect him/her from polio?</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>-- If no/don't know, skip to PD.8</p>																																																
<p>PD.9</p>	<p>Was the first polio vaccine in the first 2 weeks of birth?</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>--</p>																																																
<p>PD.10</p>	<p>How many times was the polio vaccine received?</p>	<p>Number of times __ __ Don't know 99 Not applicable 88</p>																																																		
<p>PD.11</p>	<p>DPT: Has (<i>name</i>) ever received DPT vaccination – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough or diphtheria?</p> <p>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio.</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>-- If no/don't know, skip to PD.10</p>																																																
<p>PD.12</p>	<p>How many times was DPT vaccine received?</p>	<p>Number of times __ __ Don't know 99 Not applicable 88</p>																																																		
<p>PD.13</p>	<p>HEP B: Has (<i>name</i>) ever received a Hepatitis B Vaccination – that is an injection in the thigh to prevent him/her from getting Hepatitis B?</p> <p>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines.</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>-- If no/don't know, skip to PD.13</p>																																																
<p>PD.14</p>	<p>Was the first Hepatitis B vaccine received within 24 hours after birth?</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>--</p>																																																

PD.15	How many times was the Hepatitis B vaccine received?	Number of times __ __ Don't know 99 Not applicable 88		
PD.16	MEASLES: Has (<i>name</i>) ever received a measles injection (or an MMR or MR) – that is an injection in the arm at the age of 9 months or older – to prevent him/her from getting measles?	Yes No Don't know Not applicable	01 02 99 88	--
PD.17	VITAMIN A: Has (<i>name</i>) ever received Vitamin A supplementation – that is drops in the mouth every 6 months from 9 months old?	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.19
PD.18	How many vitamin A supplementations have been given?	Number of times __ __ Don't know 99 Not applicable 88		
PD.19	If any additional vaccinations have been recorded, please complete the PD.4 vaccination record above. Based on this vaccination record, what is the immunisation status of the child?	Never immunised Partially immunised Up to date with immunisations	01 02 03	--
PD.20	Since the cold season began (last 3 months), has (<i>name</i>) been unwell with a fever or diarrhoea or a cough and fast breathing?	Yes No Don't know	01 02 99	-- If no/ don't know, skip to LC.1
PD.21	If yes, when was the last time, in weeks?	__ __ weeks ago Not applicable 88		
PD.22	On that occasion, who did you seek help from?	-- Not applicable = 88		
	Gov. Hospital 01	Mobile clinic 04	Traditional healer 07	
	PHC 02	Private hospital 05	Relative/ friend 08	
	Community Health worker (e.g. ASHA/Anganwadi) 03	Private pharmacy 06	No help sought 09	

Language and cognitive indicators							
	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>):	Mother [01]	Father [02]	Sibling age 15 or over [03]	Grand Parent [04]	Other person over 15 [05]	No [06]
LC.1	Read books to or looked at picture books with (<i>name</i>)?						
LC.2	Sang songs (including lullabies) to (<i>name</i>) or with (<i>name</i>)?						
LC.3	Told stories to (<i>name</i>)?						
LC.4	Named, counted, or drew things to or with (<i>name</i>)?						
LC.5	Does (<i>name</i>) attend any organized	Hunar Ghar		01			--

	learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Anganwadi Private other (give details) No	02 03 04
--	--	---	----------------	-------

Social and emotional development indicators							
	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>)?	Mother [01]	Father [02]	Sibling over 15 [03]	Grand Parent [04]	Other [05]	No [06]
SE.1	Took (<i>name</i>) outside the home and veranda (excluding school)						
SE.2	Played with (<i>name</i>)						
SE.3	Did you or someone else give (<i>name</i>) a wash yesterday?	Yes No Don't Know		01 02 99		--	
SE.4	If yes, was soap used?	Yes No Don't Know		01 02 99		--	
SE.5	The last time (<i>name</i>) passed stools, did (<i>name</i>) wash hands afterward?	Yes No Don't Know		01 02 99		--	
SE.6	Was soap used to wash hands?	Yes No Don't Know		01 02 99		--	

Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons, and they have to leave young children.		
SE.7	On how many days in the past week was (<i>name</i>) left in the care of another child, that is, someone less than 10 years old, for more than an hour?	Number of days __ Don't know 99
SE.8	On how many days in the past week was (<i>name</i>) left alone for more than an hour?	Number of days __ Don't know 99

	In the past week have any of the following occurred:	Yes [01]	No [02]	Don't Know [99]
SE.9	A care giver raises their voice at (<i>name</i>)			
SE.10	A household member raises their voice at another household member (not the child) in front of (<i>name</i>)			

SE.11	(Name) raises their voice in anger			
SE.12	A care giver hits (name)			
SE.13	A household member hits another household member in front of (name)			

	In the last week has (name) helped with any of the following?	Yes [01]	No [02]	Don't Know [99]
SE.14	Caring for another sibling			
SE.15	Sweeping the house			
SE.16	Getting water from the well or hand-pump			
SE.17	Collecting wood			
SE.18	Helping on the farm			
SE.19	Tending goats/cows/buffalo			
SE.20	Cooking or food preparation			
SE.21	Helping with manual labour (paid)			
SE.22	Helping with manual labour (unpaid)			

Section 3: Capacity to care

Capacity to care indicators				
CC.1	How many children's songs, stories or poems do you (the caregiver) know which are appropriate to tell (name)? Probe by asking a little about each one	0 1 -5 6 - 10 11 – 15 >15 Don't know	00 01 02 03 04 99	--
CC.2	How many children's books or picture books do you have for (name)? Ask to see them.	Number of books __		
CC.3	Do you have pencils or crayons or chalk and paper for (name) to draw and scribble? Ask to see. Only valid if evidence of use by the child.	Yes No	01 02	--

	I am interested in learning about the things that (<i>name</i>) plays with when he/she is at home. Does he/she play with: Probe by asking to see objects	Yes [01]	No [02]	Don't Know [99]
CC.4	Homemade toys (such as dolls, cars, or other toys made at home)?			
CC.5	Toys from a shop or manufactured toys?			
CC.6	Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?			

Questionnaire B: 24 months to 35 months 30 days

Child First name		Child date of birth	__ / __ / ____
Child Surname		Interviewer Code	<input type="text"/> <input type="text"/>
Child Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interview Date 1	__ / __ / ____
Respondent Name		Interview Date 2 (if revisited)	__ / __ / ____
Responder Code	<input type="text"/> <input type="text"/>		

Consent: Hello. My name is _____. I am working with _____. We are conducting a survey about the situation of children aged 1 – 5 years old in Bakhel. I would like to talk to you about [*name of child*]'s health and well-being. The interview will take about 45 minutes. We hope that this survey will help us to provide future support to families like yours with children aged 5 years and under. All of the information given will remain strictly confidential and only be accessible to the RBKS and Educate for Life teams in India and the UK.

In case you need more information about the survey, you may contact Ms. _____, my number is _____.

Do you have any questions?
May I start the interview now?

Respondent name: _____ Signature: _____

Date: __ / __ / ____

Section 1: Child's Developmental Status

Physical Development Indicators: Growth			
GR.1	Height	__ m	__ cm
GR.2	Weight	__ kg	__ g

Physical Development Indicators: Gross Motor				
		Y [01]	N [02]	DK [99]
GM.1	Can (<i>name</i>) get from sitting to crawling position?			
GM.2	Can (<i>name</i>) walk alone?			
GM.3	Can (<i>name</i>) run stiffly?			

Physical Development Indicators: Fine Motor				
		Y [01]	N [02]	DK [99]
FM.1	Does (<i>name</i>) eat their food independently with their fingers?			
FM.2	Does (<i>name</i>) hold and drink from a cup?			
FM.3	Does (<i>name</i>) scribble spontaneously?			
FM.4	Does (<i>name</i>) turn over containers to pour out the contents?			
FM.5	Can (<i>name</i>) build a tower of 3 blocks or more?			

Language and Cognitive Development Indicators: Language				
		Y [01]	N [02]	DK [99]
L.1	Does (<i>name</i>) identify two people by name – for example “dada” and “mama”?			
L.2	Does (<i>name</i>) follow simple, one-step instructions for example “please give me the toy”, “come here”?			
L.3	Can (<i>name</i>) say 10+ single words?			
L.4	Does (<i>name</i>) point to familiar people, objects and body parts, either in a picture or real life, when named for them?			
L.5	Does (<i>name</i>) use two-word sentences?			

Language and Cognitive Development Indicators: Cognitive				
		Y [01]	N [02]	DK [99]
C.1	Does (<i>name</i>) make any recognisable gestures e.g. waving (refer to list)?			

Social and Emotional Development Indicators: Social				
		Y [01]	N [02]	DK [99]
S.1	Does (<i>name</i>) show pleasure in age appropriate games and interactions (refer to list)?			

Section 2: Caring Practices

PD.1	Was (<i>name</i>) put to the breast yesterday?	Yes No Don't know	01 02 99	--
PD.2	How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?	1 2 3 >3 Don't know	01 02 03 04 99	--
PD.3	Do you have a card where (<i>name</i>)'s vaccinations are written down? If yes: May I see it please?	Yes, seen No card shown	01 02	-- If yes, skip to PD.6
PD.4	Did you ever have a vaccination or child health card for (<i>name</i>)?	Yes No Don't know Not applicable	01 02 99 88	--
PD.5	Has (<i>name</i>) received any vaccinations, including vaccinations received in campaigns or on immunisation days or child health days?	Yes No Don't know	01 02 99	-- If yes, skip to PD.7 If no/don't know, skip to PD.20

<p>PD.6</p>	<p>Use the vaccination card to complete the table below.</p> <table border="1" data-bbox="302 283 1474 569"> <thead> <tr> <th></th> <th>BCG</th> <th>Polio</th> <th>DPT</th> <th>Hep B</th> <th>Measles</th> <th>Vitamin A</th> </tr> </thead> <tbody> <tr> <td>Birth</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9-12 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16-24 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Is the vaccination record complete? Yes ----> proceed to PD. 20</p> <p>No -----> probe, using relevant questions below</p>				BCG	Polio	DPT	Hep B	Measles	Vitamin A	Birth							6 weeks							10 weeks							14 weeks							9-12 months							16-24 months						
	BCG	Polio	DPT	Hep B	Measles	Vitamin A																																														
Birth																																																				
6 weeks																																																				
10 weeks																																																				
14 weeks																																																				
9-12 months																																																				
16-24 months																																																				
<p>PD.7</p>	<p>BCG: Did (<i>name</i>) ever receive BCG vaccination against Tuberculosis – that is an injection in the shoulder which usually causes a scar?</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>--</p>																																																
<p>PD.8</p>	<p>POLIO: Did (<i>name</i>) ever receive any vaccination drops in the mouth to protect him/her from polio?</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>-- If no/don't know, skip to PD.11</p>																																																
<p>PD.9</p>	<p>Was the first polio vaccine in the first 2 weeks of birth?</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>--</p>																																																
<p>PD.10</p>	<p>How many times was the polio vaccine received?</p>	<p>Number of times __ __ Don't know 99 Not applicable 88</p>																																																		
<p>PD.11</p>	<p>DPT: Has (<i>name</i>) ever received DPT vaccination – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough or diphtheria?</p> <p>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio.</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>-- If no/don't know, skip to PD.13</p>																																																
<p>PD.12</p>	<p>How many times was DPT vaccine received?</p>	<p>Number of times __ __ Don't know 99 Not applicable 88</p>																																																		
<p>PD.13</p>	<p>HEP B: Has (<i>name</i>) ever received a Hepatitis B Vaccination – that is an injection in the thigh to prevent him/her from getting Hepatitis B?</p> <p>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines.</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>-- If no/don't know, skip to PD.16</p>																																																
<p>PD.14</p>	<p>Was the first Hepatitis B vaccine received within 24 hours after birth?</p>	<p>Yes No Don't know Not applicable</p>	<p>01 02 99 88</p>	<p>--</p>																																																

PD.15	How many times was the Hepatitis B vaccine received?	Number of times __ __ Don't know 99 Not applicable 88		
PD.16	MEASLES: Has (<i>name</i>) ever received a measles injection (or an MMR or MR) – that is an injection in the arm at the age of 9 months or older – to prevent him/her from getting measles?	Yes No Don't know Not applicable	01 02 99 88	--
PD.17	VITAMIN A: Has (<i>name</i>) ever received Vitamin A supplementation – that is drops in the mouth every 6 months from 9 months old?	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.19
PD.18	How many vitamin A supplementations have been given?	Number of times __ __ Don't know 99 Not applicable 88		
PD.19	If any additional vaccinations have been recorded, please complete the PD.4 vaccination record above. Based on this vaccination record, what is the immunisation status of the child?	Never immunised Partially immunised Up to date with immunisations	01 02 03	--
PD.20	Since the cold season began (last 3 months), has (<i>name</i>) been unwell with a fever or diarrhoea or a cough and fast breathing?	Yes No Don't know	01 02 99	-- If no/ don't know, skip to LC.1
PD.21	If yes, when was the last time, in weeks?	__ __ weeks ago Not applicable = 88		
PD.22	On that occasion, who did you seek help from?	-- Not applicable = 88		
	Gov. Hospital 01 Mobile clinic 04 Traditional healer 07			
	PHC 02 Private hospital 05 Relative/friend 08			
	Community Health worker (e.g. ASHA/Anganwadi) 03 Private pharmacy 06 No help sought 09			

Language and cognitive indicators							
	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>):	Mother [01]	Father [02]	Sibling age 15 or over [03]	Grand Parent [04]	Other person over 15 [05]	No [06]
LC.1	Read books to or looked at picture books with (<i>name</i>)?						
LC.2	Sang songs (including lullabies) to (<i>name</i>) or with (<i>name</i>)?						
LC.3	Told stories to (<i>name</i>)?						
LC.4	Named, counted, or drew things						

	to or with (<i>name</i>)?					
LC.5	Does (<i>name</i>) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Hunar Ghar Anganwadi Private other (give details) No	01 02 03 04		--	

Social and emotional development indicators							
	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>)?	Mother [01]	Father [02]	Sibling over 15 [03]	Grand Parent [04]	Other [05]	No [06]
SE.1	Took (<i>name</i>) outside the home and veranda (excluding school)						
SE.2	Played with (<i>name</i>)						
SE.3	Did you or someone else give (<i>name</i>) a wash yesterday?	Yes No Don't Know		01 02 99		--	
SE.4	If yes, was soap used?	Yes No Don't Know		01 02 99		--	
SE.5	The last time (<i>name</i>) passed stools, did (<i>name</i>) wash hands afterward?	Yes No Don't Know		01 02 99		--	
SE.6	Was soap used to wash hands?	Yes No Don't Know		01 02 99		--	

Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons, and they have to leave young children.		
SE.7	On how many days in the past week was (<i>name</i>) left in the care of another child, that is, someone less than 10 years old, for more than an hour?	Number of days __ Don't know 99
SE.8	On how many days in the past week was (<i>name</i>) left alone for more than an hour?	Number of days __ Don't know 99

	In the past week have any of the following occurred:	Yes [01]	No [02]	Don't Know [99]
SE.9	A care giver raises their voice at (<i>name</i>)			
SE.10	A household member raises their voice at another household member (not the child) in front of (<i>name</i>)			

SE.11	(<i>Name</i>) raises their voice in anger			
SE.12	A care giver hits (<i>name</i>)			
SE.13	A household member hits another household member in front of (<i>name</i>)			

	In the last week has (<i>name</i>) helped with any of the following?	Yes [01]	No [02]	Don't Know [99]
SE.14	Caring for another sibling			
SE.15	Sweeping the house			
SE.16	Getting water from the well or hand-pump			
SE.17	Collecting wood			
SE.18	Helping on the farm			
SE.19	Tending goats/cows/buffalo			
SE.20	Cooking or food preparation			
SE.21	Helping with manual labour (paid)			
SE.22	Helping with manual labour (unpaid)			

Section 3: Capacity to care

Capacity to care indicators				
CC.1	How many children's songs, stories or poems do you (the caregiver) know which are appropriate to tell (<i>name</i>)? Probe by asking a little about each one	0 1 -5 6 - 10 11 – 15 >15 Don't know	00 01 02 03 04 99	--
CC.2	How many children's books or picture books do you have for (<i>name</i>)? Ask to see them.	Number of books _ _		
CC.3	Do you have pencils or crayons or chalk and paper for (<i>name</i>) to draw and scribble? Ask to see. Only valid if evidence of use by the child.	Yes No	01 02	--
	I am interested in learning about the things that (<i>name</i>) plays with when he/she is at home. Does he/she play with:	Yes [01]	No [02]	Don't Know [99]

	Probe by asking to see objects			
CC.4	Homemade toys (such as dolls, cars, or other toys made at home)?			
CC.5	Toys from a shop or manufactured toys?			
CC.6	Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?			

Questionnaire C: 36 months to 47 months 30 days

Child First name		Child date of birth	__/__/----
Child Surname		Interviewer Code	<input type="text"/> <input type="text"/>
Child Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interview Date 1	__/__/----
Respondent Name		Interview Date 2 (if revisited)	__/__/----
Responder Code	<input type="text"/> <input type="text"/>		

Consent: Hello. My name is _____. I am working with _____. We are conducting a survey about the situation of children aged 1 – 5 years old in Bakhel. I would like to talk to you about [*name of child*]'s health and well-being. The interview will take about 45 minutes. We hope that this survey will help us to provide future support to families like yours with children aged 5 years and under. All of the information given will remain strictly confidential and only be accessible to the RBKS and Educate for Life teams in India and the UK.

In case you need more information about the survey, you may contact me ,Ms ._____. My number is _____.

Do you have any questions?
May I start the interview now?

Respondent name: _____ Signature: _____

Date: __/__/----

Section 1: Child's Developmental Status

Physical Development Indicators: Growth			
GR.1	Height	_m	__ cm
GR.2	Weight	__ kg	---- g

Physical Development Indicators: Gross Motor				
		Y [01]	N [02]	DK [99]
GM.1	Can (<i>name</i>) get from sitting to crawling position?			

GM.2	Can (<i>name</i>) walk alone?			
GM.3	Can (<i>name</i>) run stiffly?			
GM.4	Does (<i>name</i>) swing his/her leg to kick a ball?			
GM.5	Does (<i>name</i>) run easily?			
GM.6	Can (<i>name</i>) bend over easily without falling?			

Physical Development Indicators: Fine Motor				
		Y [01]	N [02]	DK [99]
FM.1	Does (<i>name</i>) eat their food independently with their fingers?			
FM.2	Does (<i>name</i>) hold and drink from a cup?			
FM.3	Does (<i>name</i>) scribble spontaneously?			
FM.4	Does (<i>name</i>) turn over containers to pour out the contents?			
FM.5	Can (<i>name</i>) build a tower of 3 blocks or more?			
FM.6	Can (<i>name</i>) build a tower of 4 blocks or more?			
FM.7	Does (<i>name</i>) turn book pages one at a time?			
FM.8	Does (<i>name</i>) make vertical, horizontal, circular strokes with a pencil or crayon?			

Language and Cognitive Development Indicators: Language				
		Y [01]	N [02]	DK [99]
L.1	Does (<i>name</i>) identify two people by name – for example “dada” and “mama”?			
L.2	Does (<i>name</i>) follow simple, one-step instructions for example “please give me the toy”, “come here”?			
L.3	Can (<i>name</i>) say 10+ single words?			
L.4	Does (<i>name</i>) point to familiar people, objects and body parts, either in a picture or real life, when named for them?			
L.5	Does (<i>name</i>) use two-word sentences?			
L.6	Can (<i>name</i>) say their own name and sex?			
L.7	Can strangers understand most of (<i>name</i>)’s words?			

Language and Cognitive Development Indicators: Cognitive				
		Y [01]	N [02]	DK [99]
C.1	Does (<i>name</i>) make any recognisable gestures e.g. waving (refer to list)?			
C.2	Does (<i>name</i>) play make-believe with dolls, animals, and people?			
C.3	Can (<i>name</i>) identify colours?			

Social and Emotional Development Indicators: Social				
		Y [01]	N [02]	DK [99]
S.1	Does (<i>name</i>) show pleasure in age appropriate games and interactions (refer to list)?			
S.2	Does (<i>name</i>) tell someone when they need the toilet in the daytime?			

Section 2: Caring Practices

PD.1	Was (<i>name</i>) put to the breast yesterday?	Yes No	01 02	--
-------------	--	-----------	----------	----

		Don't know	99																																																		
PD.2	How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?	1 2 3 >3 Don't know	01 02 03 04 99	--																																																	
PD.3	Do you have a card where (<i>name</i>)'s vaccinations are written down? If yes: May I see it please?	Yes, seen No card shown	01 02	-- If yes, skip to PD.6																																																	
PD.4	Did you ever have a vaccination or child health card for (<i>name</i>)?	Yes No Don't know Not applicable	01 02 99 88	--																																																	
PD.5	Has (<i>name</i>) received any vaccinations, including vaccinations received in campaigns or on immunisation days or child health days?	Yes No Don't know	01 02 99	-- If yes, skip to PD.7 If no/don't know, skip to PD.20																																																	
PD.6	<p>Use the vaccination card to complete the table below.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>BCG</th> <th>Polio</th> <th>DPT</th> <th>Hep B</th> <th>Measles</th> <th>Vitamin A</th> </tr> </thead> <tbody> <tr> <td>Birth</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9-12 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16-24 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Is the vaccination record complete? Yes ----> proceed to PD. 20</p> <p>No -----> probe, using relevant questions below</p>					BCG	Polio	DPT	Hep B	Measles	Vitamin A	Birth							6 weeks							10 weeks							14 weeks							9-12 months							16-24 months						
	BCG	Polio	DPT	Hep B	Measles	Vitamin A																																															
Birth																																																					
6 weeks																																																					
10 weeks																																																					
14 weeks																																																					
9-12 months																																																					
16-24 months																																																					
PD.7	BCG: Did (<i>name</i>) ever receive BCG vaccination against Tuberculosis – that is an injection in the shoulder which usually causes a scar?	Yes No Don't know Not applicable	01 02 99 88	--																																																	
PD.8	POLIO: Did (<i>name</i>) ever receive any vaccination drops in the mouth to protect him/her from polio?	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.11																																																	
PD.9	Was the first polio vaccine in the first 2 weeks of birth?	Yes No Don't know Not applicable	01 02 99 88	--																																																	

PD.10	How many times was the polio vaccine received?	Number of times __ __ Don't know 99 Not applicable 88		
PD.11	DPT: Has (<i>name</i>) ever received DPT vaccination – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough or diphtheria? Probe by indicating that DPT vaccination is sometimes given at the same time as Polio.	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.13
PD.12	How many times was DPT vaccine received?	Number of times __ __ Don't know 99 Not applicable 88		
PD.13	HEP B: Has (<i>name</i>) ever received a Hepatitis B Vaccination – that is an injection in the thigh to prevent him/her from getting Hepatitis B? Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines.	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.16
PD.14	Was the first Hepatitis B vaccine received within 24 hours after birth?	Yes No Don't know Not applicable	01 02 99 88	--
PD.15	How many times was the Hepatitis B vaccine received?	Number of times __ __ Don't know 99 Not applicable 88		
PD.16	MEASLES: Has (<i>name</i>) ever received a measles injection (or an MMR or MR) – that is an injection in the arm at the age of 9 months or older – to prevent him/her from getting measles?	Yes No Don't know Not applicable	01 02 99 88	--
PD.17	VITAMIN A: Has (<i>name</i>) ever received Vitamin A supplementation – that is drops in the mouth every 6 months from 9 months old?	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.19
PD.18	How many vitamin A supplementations have been given?	Number of times __ __ Don't know 99 Not applicable 88		
PD.19	If any additional vaccinations have been recorded, please complete the PD.4 vaccination record above. Based on this vaccination record, what is the immunisation status of the child?	Never immunised Partially immunised Up to date with immunisations	01 02 03	--
PD.20	Since the cold season began (last 3 months), has (<i>name</i>) been unwell with a fever or diarrhoea or a cough and fast breathing?	Yes No Don't know	01 02 99	-- If no/ don't know, skip to LC.1
PD.21	If yes, when was the last time, in weeks?	__ __ weeks ago		

				Not applicable = 88
PD.22	On that occasion, who did you seek help from?			-- Not applicable = 88
	Gov. Hospital 01	Mobile clinic 04	Traditional healer 07	
	PHC 02	Private hospital 05	Relative/friend 08	
	Community Health worker (e.g. ASHA/Anganwadi) 03	Private pharmacy 06	No help sought 09	

Language and cognitive indicators							
	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>):	Mother [01]	Father [02]	Sibling age 15 or over [03]	Grand Parent [04]	Other person over 15 [05]	No [06]
LC.1	Read books to or looked at picture books with (<i>name</i>)?						
LC.2	Sang songs (including lullabies) to (<i>name</i>) or with (<i>name</i>)?						
LC.3	Told stories to (<i>name</i>)?						
LC.4	Named, counted, or drew things to or with (<i>name</i>)?						
LC.5	Does (<i>name</i>) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Hunar Ghar Anganwadi Private other (give details) No		01 02 03 04	--		

Social and emotional development indicators							
	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>)?	Mother [01]	Father [02]	Sibling over 15 [03]	Grand Parent [04]	Other [05]	No [06]
SE.1	Took (<i>name</i>) outside the home and veranda (excluding school)						
SE.2	Played with (<i>name</i>)						
SE.3	Did you or someone else give (<i>name</i>) a wash yesterday?	Yes No Don't Know		01 02 99	--		
SE.4	If yes, was soap used?	Yes No Don't Know		01 02 99	--		

SE.5	The last time (<i>name</i>) passed stools, did (<i>name</i>) wash hands afterward?	Yes No Don't Know	01 02 99	--
SE.6	Was soap used to wash hands?	Yes No Don't Know	01 02 99	--

Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons, and they have to leave young children.

SE.7	On how many days in the past week was (<i>name</i>) left in the care of another child, that is, someone less than 10 years old, for more than an hour?	Number of days __ Don't know 99
SE.8	On how many days in the past week was (<i>name</i>) left alone for more than an hour?	Number of days __ Don't know 99

	In the past week have any of the following occurred:	Yes [01]	No [02]	Don't Know [99]
SE.9	A care giver raises their voice at (<i>name</i>)			
SE.10	A household member raises their voice at another household member (not the child) in front of (<i>name</i>)			
SE.11	(<i>Name</i>) raises their voice in anger			
SE.12	A care giver hits (<i>name</i>)			
SE.13	A household member hits another household member in front of (<i>name</i>)			

	In the last week has (<i>name</i>) helped with any of the following?	Yes [01]	No [02]	Don't Know [99]
SE.14	Caring for another sibling			
SE.15	Sweeping the house			
SE.16	Getting water from the well or hand-pump			
SE.17	Collecting wood			
SE.18	Helping on the farm			

SE.19	Tending goats/cows/buffalo			
SE.20	Cooking or food preparation			
SE.21	Helping with manual labour (paid)			
SE.22	Helping with manual labour (unpaid)			

Section 3: Capacity to care

Capacity to care indicators				
CC.1	How many children's songs, stories or poems do you (the caregiver) know which are appropriate to tell (<i>name</i>)? Probe by asking a little about each one	0 1 -5 6 - 10 11 – 15 >15 Don't know	00 01 02 03 04 99	--
CC.2	How many children's books or picture books do you have for (<i>name</i>)? Ask to see them.	Number of books __		
CC.3	Do you have pencils or crayons or chalk and paper for (<i>name</i>) to draw and scribble? Ask to see. Only valid if evidence of use by the child.	Yes No	01 02	--
	I am interested in learning about the things that (<i>name</i>) plays with when he/she is at home. Does he/she play with: Probe by asking to see objects	Yes [01]	No [02]	Don't Know [99]
CC.4	Homemade toys (such as dolls, cars, or other toys made at home)?			
CC.5	Toys from a shop or manufactured toys?			
CC.6	Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?			

Questionnaire D: 48 months to 59 months 30 days

Child First name		Child date of birth	__/__/----
Child Surname		Interviewer Code	<input type="text"/>
Child Code	<input type="text"/>	Interview Date 1	__/__/----
Respondent Name		Interview Date 2 (if revisited)	__/__/----
Responder Code	<input type="text"/>		

Consent: Hello. My name is _____. I am working with _____. We are conducting a survey about the situation of children aged 1 – 5 years old in Bakhel. I would like to talk to you about [*name of child*]'s health and well-being. The interview will take about 45 minutes. We hope that this survey will help us to provide future support to families like yours with children aged 5 years and under. All of the information given will remain strictly confidential and only be accessible to the RBKS and Educate for Life teams in India and the UK.

In case you need more information about the survey, you may contact me, Ms. _____. My number is _____.

Do you have any questions?
May I start the interview now?

Respondent name: _____ Signature: _____

Date: __/__/----

Section 1: Child's Developmental Status

Physical Development Indicators: Growth			
GR.1	Height	__ m	__ cm
GR.2	Weight	__ kg	__ g

Physical Development Indicators: Gross Motor				
		Y [01]	N [02]	DK [99]
GM.1	Can (<i>name</i>) get from sitting to crawling position?			
GM.2	Can (<i>name</i>) walk alone?			
GM.3	Can (<i>name</i>) run stiffly?			

GM.4	Does (<i>name</i>) swing his/her leg to kick a ball?			
GM.5	Does (<i>name</i>) run easily?			
GM.6	Can (<i>name</i>) bend over easily without falling?			
GM.7	Can (<i>name</i>) hop or stand on one foot for up to 5 seconds?			
GM.8	Can (<i>name</i>) kick a ball forward?			
GM.9	Can (<i>name</i>) throw a ball overarm?			
GM.10	Can (<i>name</i>) go upstairs and downstairs without support?			

Physical Development Indicators: Fine Motor				
		Y [01]	N [02]	DK [99]
FM.1	Does (<i>name</i>) eat their food independently with their fingers?*			
FM.2	Does (<i>name</i>) hold and drink from a cup?			
FM.3	Does (<i>name</i>) scribble spontaneously?			
FM.4	Does (<i>name</i>) turn over containers to pour out the contents?			
FM.5	Can (<i>name</i>) build a tower of 3 blocks or more?			
FM.6	Can (<i>name</i>) build a tower of 4 blocks or more?			
FM.7	Does (<i>name</i>) turn book pages one at a time?			
FM.8	Does (<i>name</i>) make vertical, horizontal, circular strokes with a pencil or crayon?			
FM.9	Does (<i>name</i>) hold a pencil in a writing position?			
FM.10	Can (<i>name</i>) draw circles and squares?			
FM.11	Can (<i>name</i>) draw a person with 2-4 body parts?			

Language and Cognitive Development Indicators: Language				
		Y [01]	N [02]	DK [99]
L.1	Does (<i>name</i>) identify two people by name – for example “dada” and “mama”?			
L.2	If you tell (<i>name</i>) to do something, such as “come here” or “stop that”, does (<i>name</i>) understand and do it?			
L.3	Can (<i>name</i>) say 10+ single words?			
L.4	Does (<i>name</i>) recognise names of familiar people, objects, and body parts?			
L.5	Does (<i>name</i>) use short sentences that are more than 1 word?			
L.6	Can (<i>name</i>) say their own name and sex?			
L.7	Can strangers understand most of (<i>name</i>)’s words?			
L.8	Does (<i>name</i>) use ‘you’ and ‘me’ correctly?			
L.9	Does (<i>name</i>) tell stories?			

Language and Cognitive Development Indicators: Cognitive				
		Y [01]	N [02]	DK [99]
C.1	Does (<i>name</i>) make any recognisable gestures e.g. waving (refer to list)?			
C.2	Does (<i>name</i>) play make up stories from their imagination with dolls, animals, and people?			
C.3	Can (<i>name</i>) identify colours?			
C.4	Does (<i>name</i>) have a sense of time – e.g. whether it’s morning/afternoon/evening?			
C.5	Does (<i>name</i>) follow 3-part commands, such as “please put down X, pick up Y and give it to me”?			

Social and Emotional Development Indicators				
		Y [01]	N [02]	DK [99]
S.1	Does (<i>name</i>) show pleasure in age appropriate games and interactions (refer to list)?			
S.2	Does (<i>name</i>) go to the toilet by themselves or ask someone for help when they go the toilet in the daytime?			
S.3	Does (<i>name</i>) cooperate and play well with other children?			
S.6	Can (<i>name</i>) be separated from their primary caregiver without clinging or crying?			
S.4	Can (<i>name</i>) dress and undress by themselves?			
S.5	Does (<i>name</i>) wake at night if they need the toilet?			

Section 2: Caring Practices

PD.1	Was (<i>name</i>) put to the breast yesterday?	Yes No Don't know	01 02 99	--																																																	
PD.2	How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?	1 2 3 >3 Don't know	01 02 03 04 99	--																																																	
PD.3	Do you have a card where (<i>name</i>)'s vaccinations are written down? If yes: May I see it please?	Yes, seen No card shown	01 02	-- If yes, skip to PD.6																																																	
PD.4	Did you ever have a vaccination or child health card for (<i>name</i>)?	Yes No Don't know Not applicable	01 02 99 88	--																																																	
PD.5	Has (<i>name</i>) received any vaccinations, including vaccinations received in campaigns or on immunisation days or child health days?	Yes No Don't know	01 02 99	-- If yes, skip to PD.7 If no/don't know, skip to PD.20																																																	
PD.6	Use the vaccination card to complete the table below.																																																				
	<table border="1"> <thead> <tr> <th></th> <th>BCG</th> <th>Polio</th> <th>DPT</th> <th>Hep B</th> <th>Measles</th> <th>Vitamin A</th> </tr> </thead> <tbody> <tr> <td>Birth</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 weeks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9-12 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16-24 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					BCG	Polio	DPT	Hep B	Measles	Vitamin A	Birth							6 weeks							10 weeks							14 weeks							9-12 months							16-24 months						
	BCG	Polio	DPT	Hep B	Measles	Vitamin A																																															
Birth																																																					
6 weeks																																																					
10 weeks																																																					
14 weeks																																																					
9-12 months																																																					
16-24 months																																																					
	Is the vaccination record complete? Yes ----> proceed to PD. 20																																																				

No -----> probe, using relevant questions below				
PD.7	BCG: Did (<i>name</i>) ever receive BCG vaccination against Tuberculosis – that is an injection in the shoulder which usually causes a scar?	Yes No Don't know Not applicable	01 02 99 88	--
PD.8	POLIO: Did (<i>name</i>) ever receive any vaccination drops in the mouth to protect him/her from polio?	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.11
PD.9	Was the first polio vaccine in the first 2 weeks of birth?	Yes No Don't know Not applicable	01 02 99 88	--
PD.10	How many times was the polio vaccine received?	Number of times __ Don't know 99 Not applicable 88		
PD.11	DPT: Has (<i>name</i>) ever received DPT vaccination – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough or diphtheria? Probe by indicating that DPT vaccination is sometimes given at the same time as Polio.	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.13
PD.12	How many times was DPT vaccine received?	Number of times __ Don't know 99 Not applicable 88		
PD.13	HEP B: Has (<i>name</i>) ever received a Hepatitis B Vaccination – that is an injection in the thigh to prevent him/her from getting Hepatitis B? Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines.	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.16
PD.14	Was the first Hepatitis B vaccine received within 24 hours after birth?	Yes No Don't know Not applicable	01 02 99 88	--
PD.15	How many times was the Hepatitis B vaccine received?	Number of times __ Don't know 99 Not applicable 88		
PD.16	MEASLES: Has (<i>name</i>) ever received a measles injection (or an MMR or MR) – that is an injection in the arm at the age of 9 months or older – to prevent him/her from getting measles?	Yes No Don't know Not applicable	01 02 99 88	--
PD.17	VITAMIN A: Has (<i>name</i>) ever received Vitamin A supplementation – that is drops in the mouth every 6 months from 9 months old?	Yes No Don't know Not applicable	01 02 99 88	-- If no/don't know, skip to PD.19
PD.18	How many vitamin A supplementations have been given?	Number of times __		

		Don't know 99 Not applicable 88		
PD.19	If any additional vaccinations have been recorded, please complete the PD.4 vaccination record above. Based on this vaccination record, what is the immunisation status of the child?	Never immunised	01	--
		Partially immunised	02	
		Up to date with immunisations	03	
PD.20	Since the cold season began (last 3 months), has (<i>name</i>) been unwell with a fever or diarrhoea or a cough and fast breathing?	Yes	01	-- If no/ don't know, skip to LC.1
		No	02	
		Don't know	99	
PD.21	If yes, when was the last time, in weeks?	-- weeks ago Not applicable = 88		
PD.22	On that occasion, who did you seek help from?	-- Not applicable = 88		
	Gov. Hospital 01 Mobile clinic 04 Traditional healer 07			
	PHC 02 Private hospital 05 Relative/friend 08			
	Community Health worker (e.g. ASHA/Anganwadi) 03 Private pharmacy 06 No help sought 09			

Language and cognitive indicators							
	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>):	Mother [01]	Father [02]	Sibling age 15 or over [03]	Grand Parent [04]	Other person over 15 [05]	No [06]
LC.1	Read books to or looked at picture books with (<i>name</i>)?						
LC.2	Sang songs (including lullabies) to (<i>name</i>) or with (<i>name</i>)?						
LC.3	Told stories to (<i>name</i>)?						
LC.4	Named, counted, or drew things to or with (<i>name</i>)?						
LC.5	Does (<i>name</i>) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Hunar Ghar Anganwadi Private other (give details) No		01 02 03 04	-- 		

Social and emotional development indicators							
	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <i>(name)</i> ?	Mother [01]	Father [02]	Sibling over 15 [03]	Grand Parent [04]	Other [05]	No [06]
SE.1	Took <i>(name)</i> outside the home and veranda (excluding school)						
SE.2	Played with <i>(name)</i>						
SE.3	Did you or someone else give <i>(name)</i> a wash yesterday?	Yes No Don't Know		01 02 99		--	
SE.4	If yes, was soap used?	Yes No Don't Know		01 02 99		--	
SE.5	The last time <i>(name)</i> passed stools, did <i>(name)</i> wash hands afterward?	Yes No Don't Know		01 02 99		--	
SE.6	Was soap used to wash hands?	Yes No Don't Know		01 02 99		--	

Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons, and they have to leave young children.		
SE.7	On how many days in the past week was <i>(name)</i> left in the care of another child, that is, someone less than 10 years old, for more than an hour?	Number of days __ Don't know 99
SE.8	On how many days in the past week was <i>(name)</i> left alone for more than an hour?	Number of days __ Don't know 99

	In the past week have any of the following occurred:	Yes [01]	No [02]	Don't Know [99]
SE.9	A care giver raises their voice at <i>(name)</i>			
SE.10	A household member raises their voice at another household member (not the child) in front of <i>(name)</i>			
SE.11	<i>(Name)</i> raises their voice in anger			
SE.12	A care giver hits <i>(name)</i>			

SE.13	A household member hits another household member in front of (<i>name</i>)			
--------------	--	--	--	--

	In the last week has (<i>name</i>) helped with any of the following?	Yes [01]	No [02]	Don't Know [99]
SE.14	Caring for another sibling			
SE.15	Sweeping the house			
SE.16	Getting water from the well or hand-pump			
SE.17	Collecting wood			
SE.18	Helping on the farm			
SE.19	Tending goats/cows/buffalo			
SE.20	Cooking or food preparation			
SE.21	Helping with manual labour (paid)			
SE.22	Helping with manual labour (unpaid)			

Section 3: Capacity to care

Capacity to care indicators				
CC.1	How many children's songs, stories or poems do you (the caregiver) know which are appropriate to tell (<i>name</i>)? Probe by asking a little about each one	0 1 -5 6 - 10 11 – 15 >15 Don't know	00 01 02 03 04 99	--
CC.2	How many children's books or picture books do you have for (<i>name</i>)? Ask to see them.	Number of books _ _		
CC.3	Do you have pencils or crayons or chalk and paper for (<i>name</i>) to draw and scribble? Ask to see. Only valid if evidence of use by the child.	Yes No	01 02	--
	I am interested in learning about the things that (<i>name</i>) plays with when he/she is at home.	Yes [01]	No [02]	Don't Know [99]

	Does he/she play with: Probe by asking to see objects			
CC.4	Homemade toys (such as dolls, cars, or other toys made at home)?			
CC.5	Toys from a shop or manufactured toys?			
CC.6	Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?			

A joint publication by:



Educate for Life

England & Wales registered charity 1114271
2 Blanchard Way, London, E8 3AE, UK
www.educateforlife.org.uk
Phone: +44-7940 257 935
Email: ed@educateforlife.org.uk



Rajasthan Bal Kalyan Samiti

Jhadol (Ph), Udaipur, Rajasthan, India, 313702
www.rbks.org
Phone: +91-9414829642
Email: jhadolrbks1@rediffmail.com