

THE ESSENTIAL PACKAGE



Comprehensive Checklist for The Essential Package



COMPREHENSIVE CHECKLIST FOR THE ESSENTIAL PACKAGE

Name of Household _____

Code of Household: _____

Community _____

Date of Interview: ____/____/____

Time Interview Began: _____

Time Interview Ended: _____

Enumerator _____

Baseline

Follow-up

Introduction:

Interviewer: We are so glad that you have agreed to work with your Child Health Promoter on certain activities that can help to improve your well-being and the well-being of your young children. As part of this process, I would like to spend some time with you today, learning more about you, your children, and your household, what resources you have available and what challenges you might face. This information will then be shared with your Child Health Promoter and her supervisor so that they can best work with you and your children. The interview should take no more than 2 hours of your time and we will be focusing on all of the children in your household under the age of 8 that you are primarily responsible for. If there are any questions that you don't feel comfortable answering, just let us know and we will skip these. Do you have any questions?

Do you agree to participate in this interview? Yes No

IF PARTICIPANT AGREES, PLEASE HAVE THEM SIGN OR MARK AN "X" BELOW:

PARTICIPANT

WITNESS

If participant does not agree to participate, thank them for their time and end the interview.

Interviewer: To start, I am going to ask you some general questions about you and your family, and your living environment.

Household Register	1.	FOR MID/END POINTS: Any change in the household in the last six months? <input type="checkbox"/> No (Skip to Q.2) <input type="checkbox"/> Yes (If yes, check all that apply):	<input type="checkbox"/> Moved	<input type="checkbox"/> Primary caregiver ill	<input type="checkbox"/> Primary caregiver bedridden
			<input type="checkbox"/> Child died: _____	<input type="checkbox"/> Parent/guardian died: _____	<input type="checkbox"/> Other: _____
	2.	Total number of adults living in household (over age 18 years)? _____ (#)	Gender	Birth date	Relationship to Children
			1.	1.	1.
			2.	2.	2.
			3.	3.	3.
			4.	4.	4.
			5.	5.	5.
			6.	6.	6.
	3.	Who is the primary caregiver?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended family <input type="checkbox"/> Foster parent <input type="checkbox"/> Older sibling <input type="checkbox"/> Child-headed household (no adult supervision) <input type="checkbox"/> Other _____ *NOTE: (The primary caregiver is the person primarily responsible for physically taking care of child's needs (e.g., dressing, bathing, feeding, getting to school, etc.); not necessarily the breadwinner.		
3a.	Has the primary caregiver changed in the past six months?	<input type="checkbox"/> No (Skip to Q.4) <input type="checkbox"/> Yes (Go to Q.3b)			
3b.	Who is now the primary caregiver?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended family <input type="checkbox"/> Foster parent <input type="checkbox"/> Older sibling <input type="checkbox"/> Child-headed household (no adult supervision) <input type="checkbox"/> Other _____			
3c.	When did this change occur?	<input type="checkbox"/> 5 months ago (Feb) <input type="checkbox"/> 4 months ago (March) <input type="checkbox"/> 3 months ago (April) <input type="checkbox"/> 2 months ago (May) <input type="checkbox"/> Last month (June) <input type="checkbox"/> This month (July) <input type="checkbox"/> Don't Know			
4.	Are there others in the household who provide care for the child? If no: Skip to Q5 If yes: Check all that apply	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended family <input type="checkbox"/> Foster parent <input type="checkbox"/> Older sibling <input type="checkbox"/> Child-headed household (no adult supervision) <input type="checkbox"/> Other _____			
	Total number of children age 9-18	Name (please only record)	Gender (please only record)	Birth date (please only record)	Relationship to Primary Caregiver

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	5.	living in household? _____ (#)	children 0-8)	children 0-8)	children 0-8)	(please only record children 0-8)
		Total number of children 0-8 living in household? _____ (#)	1.	1.	1.	1.
			2.	2.	2.	2.
			3.	3.	3.	3.
			4.	4.	4.	4.
			5.	5.	5.	5.
			6.	6.	6.	6.
Household Register (cont.)	5a.	Have any children joined the household in the last six months—after the last time this survey was conducted?	<input type="checkbox"/> No (Skip to Q.6) <input type="checkbox"/> Yes (Go to Q.5b)			
	5b.	Which children are new?	(Please circle the names of new children above and do not collect further data on them. Only collect data on children who were included at baseline. If new children are age 9-18 and are not listed above record note it in the space below).			
			QUESTIONS 5c-I TO BE COMPLETED POST INTERVIEW. Numbers only to include children measured at baseline and endline. Do not include new children who have joined household since baseline.			
	5c.	How many children in this household are male				
	5d.	How many children in this household are female				
	5e.	Males 0-8				
	5f.	Females 0-8				
	5g.	How many children in this household are age 0<6 months				
	5h.	How many children in this household are age 6-<12 months				
	5i.	How many children in this household are age 12-<24 months				
5j.	How many children in this household are age 24-<36 months					
5k.	How many children in this household are age 3-6 years					
5l.	How many children in this household are age 6-8 years					

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6.	Level of education of primary caregiver (e.g. grade 4 = 04)	
7.	What type of material is the house made of?	<input type="checkbox"/> Traditional construction (mud or thatch) with packed dirt floor <input type="checkbox"/> Improved (cement floor or asbestos roof) <input type="checkbox"/> Brick or cement with cement floor
8.	Does the household have a source of income? IF NO: SKIP TO Q.10	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If yes, what kind of income?	<input type="checkbox"/> Average Monthly expenditure: _____ <input type="checkbox"/> In-kind services/goods Specify: _____ <input type="checkbox"/> No income

Interviewer: *Now, I am going to ask you some questions about your own health and well-being.*

Caregiver Status & Support	10	In the past month, has the primary caregiver suffered from any acute or chronic illness (e.g., flu, malaria, asthma, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	11	Does the primary caregiver have access to health care services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12	Does the primary caregiver know how to access HIV testing and treatment, including PMTCT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	13	Is anyone in your household expecting to have a child soon? [RECORDER TO RECORD WHETHER OR NOT RESPONDENT IS PREGNANT, IF RESPONDENT SHARES THIS INFORMATION] IF NO, DK, or missing: SKIP TO Q. 15 IF YES: GO TO Q. 14	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	14	If pregnant, did she receive antenatal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	15	Does the primary caregiver have access to a variety of nutritious foods (e.g., fruits, vegetables, meats, eggs, milk, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	16	Does the primary caregiver feel down, depressed or hopeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	17	Is it common for women in the caregiver’s community to experience violence from their husbands? IF CAREGIVER MALE SKIP TO 19	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	18	Has the caregiver experienced this type of violence in the past from her husband?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	19	Does the primary caregiver have people who provide him/her with emotional and social support (e.g., family members, friends, support group, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, please specify _____
	20	Has the primary caregiver been bedridden recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	NUMBER 21 OBSERVE ONLY: Does caregiver have any physical challenges or disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Interviewer: *Now we are going to focus on the children in your household who are under the age of 8 years old. For each of the children in the household in this age group, please tell me their name, gender, how old they are, and their relationship to you. (If more*

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than 3 children in the household from birth to 8 years, continue using another Comprehensive Checklist form. Only collect data on children that were included in the baseline survey).

		<ul style="list-style-type: none"> Code child's age in months (e.g., if child is 15 months old, code as « 12 to 24 months ». Record child's name. Record child's sex. Record child's relationship to Primary Caregiver (e.g., biological son or daughter ; foster son or daughter ; niece or nephew ; grandson or granddaughter ; etc.) For below questions, try to verify with child's growth monitoring card if possible. 	CHILD 1 <input type="checkbox"/> 0 to < 6 months <input type="checkbox"/> 6 to < 12 months <input type="checkbox"/> 12 to < 24 months <input type="checkbox"/> 24 to < 36 months <input type="checkbox"/> 3 years to < 6 years <input type="checkbox"/> 6 years to 8 years Name _____ Sex: _____ Relationship to Caregiver _____	CHILD 2 <input type="checkbox"/> 0 to < 6 months <input type="checkbox"/> 6 to < 12 months <input type="checkbox"/> 12 to < 24 months <input type="checkbox"/> 24 to < 36 months <input type="checkbox"/> 3 years to < 6 years <input type="checkbox"/> 6 years to 8 years Name _____ Sex: _____ Relationship to Caregiver _____	CHILD 3 <input type="checkbox"/> 0 to < 6 months <input type="checkbox"/> 6 to < 12 months <input type="checkbox"/> 12 to < 24 months <input type="checkbox"/> 24 to < 36 months <input type="checkbox"/> 3 years to < 6 years <input type="checkbox"/> 6 years to 8 years Name _____ Sex: _____ Relationship to Caregiver _____
Child Status (Health, Nutrition, & Protection)	22	Does child have a birth record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	23	Does child have an under-five card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	24	CONSULT UNDER-FIVE CARD IF AVAILABLE Has child received all age appropriate immunizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	25	CONSULT UNDER-FIVE CARD IF AVAILABLE Does child receive regular growth monitoring (e.g., weight once per month if under age 5)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	26	¹ Is child growing well compared to others his/her age in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	27	¹ Does child have adequate food that is appropriate for his/her age (includes breastfeeding, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	28	¹ In the past month, has the child been healthy and active (e.g., with no fever, diarrhea or other illnesses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	29	³ Compared with other children, does child have difficulty seeing, either in the daytime or at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	30	³ Does child appear to have difficulty hearing? (uses hearing aid, hears with difficulty, completely deaf?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	31	¹ Does child receive necessary health care services, including medical treatment when ill & preventive care (e.g., health education, immunizations, & HIV testing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		CHILD 1	CHILD 2	CHILD 3	
C 32	(Note for data entry: flip to page 9 for Q.32)				

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33	Is the child's biological mother alive? IF NO: SKIP TO Q. 35	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
34	Does the child's biological mother live in the same house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Is the child's biological father alive? IF NO: SKIP TO Q 37	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
36	Does the child's biological father live in the same house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	¹ Does child have at least one adult (age 18 or over) who provides consistent care, attention and support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	Does child bathe regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	Does child sleep regularly under treated mosquito net?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	¹ Does child live in a safe shelter, free of hazards (e.g., open pit fire, dangerous pit latrines, stagnant water pools)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	² How many children's books or picture books does the child have?	<input type="checkbox"/> None <input type="checkbox"/> 1-<10 (__) <input type="checkbox"/> 10 or more	<input type="checkbox"/> None <input type="checkbox"/> 1-<10 (__) <input type="checkbox"/> 10 or more	<input type="checkbox"/> None <input type="checkbox"/> 1-<10 (__) <input type="checkbox"/> 10 or more
42	⁵ Does the primary caregiver provide play materials for the child (e.g., toys, bowls, pots, sticks, rocks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
43	² In the past 3 days, did the primary caregiver or any household member over 15 years of age engage in any of the following activities with child? IF YES, ASK: Who engaged in this activity with child? (Check all that apply) IF NO: CHECK N (No one)	PC=Primary Caregiver O=Other N=No one	PC=Primary Caregiver O=Other N=No one	PC=Primary Caregiver O=Other N=No one
	[A] Read books to or looked at picture books with (name)?	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N
	[B] Told stories to (name)?	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N
	[C] Sang songs to (name) or with (name), including lullabys?	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N
	[D] Took (name) outside the home, compound, yard or enclosure?	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N
	[E] Played with (name)?	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N
	[F] Named, counted, or drew things to or with (name)?	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	<input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N

		CHILD 1	CHILD 2	CHILD 3	
Caregiving Environment	44	Does the primary caregiver understand and respond to the child's needs (e.g., knows when hungry and feeds; knows when wants to be held and picks up)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	32	When your child misbehaves, how do you discipline him or her? [RECORD WHETHER OR NOT CAREGIVER USES CORPORAL PUNISHMENT (PHYSICALLY BEATS CHILD)]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	45	Does the primary caregiver provide consistent rules and limit setting (e.g., stay away from the cooking fire)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	46	Does anyone hurt this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	47	⁵ Does primary caregiver teach child skills/chores/ proper behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	48	Does the primary caregiver encourage the child to play with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	49	THROUGH OBSERVATION ONLY: ⁶ Does the primary caregiver caress, kiss, or cuddle the child during the visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opportunity to observe
	50	FOR AGES 3-6 YEARS ONLY: Is child enrolled in preschool, nursery school, or community Early Childhood Development centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	51	FOR AGES 7-8 YEARS ONLY: Is child enrolled in primary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

		CHILD 1	CHILD 2	CHILD 3	
Child Status (Development & Behavior)					
		<p>²<i>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. *NOTE: There are 4 questions per age group plus an additional 6 questions for ages 2-8 years.</i></p>			
		(a)FOR CHILDREN BIRTH TO < 6 MONTHS:			
	52(a) Phys	⁴ Does child try to roll over (front to back or back to front)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(a) Cog	⁴ Does child show curiosity about things and try to get things that are out of reach?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	54(a) Lang	⁴ Does child coo ("ooo" or "aaa") when you talk to him?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	55(a) SE	⁴ Can child briefly calm him/herself down (e.g., bring hands to mouth and suck on hand)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
		(b)FOR CHILDREN 6 MONTHS TO < 12 MONTHS:			
	52(b) Phys	⁴ Does child stand with or without support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(b) Cog	⁴ Does child follow simple directions like "pick up the toy"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
54(b) Lang	⁴ Does child make a lot of different sounds (babababa)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
55(b) SE	⁴ Does child recognize family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	

		(c) FOR CHILDREN 12 MONTHS - < 24 MONTHS:	CHILD 1	CHILD 2	CHILD 3	
Child Status (Development & Behavior)	52(c) Phys	⁴ Is child walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	53(c) Cog	⁴ Does child point to show things to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	54(c) Lang	⁴ Does child say several single words?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	55(c) SE	⁴ Does child show when he is happy or sad?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
			(d) FOR CHILDREN 24 MONTHS - < 36 MONTHS:			
	52(d) Phys	⁴ Does child run easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	53(d) Cog	⁷ Does child put things away where they belong?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	54(d) Lang	³ Can child name at least one object (for example, a toy, a cup)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	55(d) SE	⁴ Does child get excited when with other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
			(e) FOR CHILDREN 3 TO <6 YEARS:			
	52(e) Phys	⁴ Does child get dressed by him/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	53(e) Cog	⁴ Can child count to 10? (Ask caregiver to have child count to 10 if present).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	54(e) Lang	⁴ Can child sing a song from memory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
	55(e) SE	⁴ Does child like to play creatively (e.g., make-believe play; singing; dancing; acting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	

		CHILD 1	CHILD 2	CHILD 3	
Child Status (Development & Behavior) (cont.)		(f) FOR CHILDREN 6 TO 8 YEARS:			
	52(f) Phys	Can child hop on one foot or skip?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(f) Cog	Does child describe daily experiences with you (e.g., tell you about what happened at school, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	54(f) Lang	² Can child read at least four simple words?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	55(f) SE	⁴ Does child show concern and sympathy for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
		FOR ALL CHILDREN AGES 2-8 YEARS:			
	56	² Is child sometimes too sick to play?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	57	⁵ Is child inactive/withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	58	^{2,5} Is child disobedient or aggressive (e.g., kick, bite or hit other children or adults)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	59	¹ Does child seem happy, hopeful, and content (smiling, shows affection, laughs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	60	³ Does child learn to do things like other children his/her age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
61	² Does child get along well with other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
62	Does the primary caregiver have any other concerns about the way his/her child is developing? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	

¹Questions adapted from Child Status Index (CSI); ²Questions adapted from MICS 4 Survey (July 2009, v1.0); ³Questions adapted from MICS 3 Survey; ⁴Questions adapted from Milestone Moments (CDC); ⁵ Speak for the Child materials; ⁶ HOME Inventory; ⁷ ASQ-3

Observations:



Centers for Disease Control and Prevention
www.cdc.gov/actearly
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