

WHO Indicators of Infant and Young Child Development (IYCD) Prototype v1.0 caregiver report

Item Number	Fine Motor	Notes
FIN1	Does your child look at an object for more than a few seconds? Does he or she look at your face, a toy, any other object, with attention and focus? PROBE AS NECESSARY: When you dress or wash or feed your child, does he or she look at your face or hand with some attention and interest? Does your child show interest in objects that he or she can see?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN2	Does your child appear interested in objects that he or she sees? When a person walks by in front of your child, does your child try to follow with his or her eyes? Does the child try to move his or her head (or eyes) to follow object or person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN3	While on his or her back, does your child bring his or her hands together over her chest, or in front of his or her mouth or eyes? Have you seen child try to put hands in mouth while lying down?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN4	Does your child try to reach for objects (toys, food, household objects) that are in front of him or her by extending one or both arms? Even if he or she does not grab the object, does he or she reach for it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN5	Have you seen your child put new objects to his or her mouth? When your child gets a hold of an object, does he or she put it to their mouth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN6	Have you seen your child manage to reach for <u>AND GRASP</u> an object, at least for a few seconds? PROBES: Can child get a hold of something, even if just for a few seconds? For example, reach and grab hold of a bottle, food, toy, etc., and hold for a short time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN7	Have you seen your child bang objects together, or bang an object on the table or on the ground? Have you seen your child bang a spoon on a cup or plate, or on the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN8	Does your child drink [any liquid] from a cup while you hold it? Does your child help to hold the cup, or put a hand on the cup, even if they cannot hold it alone? Does he or she try to help by putting their hand on the cup, or onto your hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN9	Have you ever seen what happens when an object falls around your child? If a spoon or food or cup drops, does your child look for it when it falls on the ground? Or if you take something away, does your child look for it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
FIN10	Have you ever seen your child have an object in one hand, and then put it in his or her other hand, so he or she can pick up a new object? If you put two toys or pieces of food in front of child, would he or she try to get both? Would he or she pick up one, and then transfer it to the other hand, and then pick up the other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK

Child ID number |__|__|__|__|

Date |D|D||M|M||Y|Y|Y|Y|

FIN11	Does your child pick up small items, like food or pieces of food, small stones or rocks, <u>using thumb and pads or tips of one or more small fingers?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN12	Does your child pick up small items, like food or pieces of maize, bean, small stones or rocks, using thumb and JUST ONE FINGER TIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN13	Does your child drink WITHOUT HELP from a cup or glass, putting it down again with little or no spilling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN14	Can your child push a toy car intentionally, showing that he or she knows it should be moving? Can your child push the car with all four wheels on the ground? Pushing it, and letting it go?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN15	What does your child do when you give him or her a pen? Have you observed him or her move it along the floor or a table as if writing or drawing? Have you observed your child make any marks? These can be light marks, but should not be stabs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN16	Does your child make a scribble on paper, or in dirt, in a BACK AND FORTH manner? Can he or she move the pen or pencil or stick back and forth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN17	Have you seen your child SQUEEZE or PAT/HIT something to try and make noise? For example, squeezing or hitting an empty plastic bottle, or other object, to make noise? Not shaking or banging, but <u>deliberately</u> patting or squeezing it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN18	Can your child stack <u>TWO</u> small objects (e.g. blocks, bottle caps, other small objects) on top of each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN19	Can your child stack <u>FOUR</u> small objects (e.g. blocks, bottle caps, other small objects) on top of each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN20	Can your child stack <u>SIX</u> small objects (e.g. blocks, bottle caps, other small objects) on top of each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN21	Can your child imitate a straight line? If you make a straight line with a pen on paper, or with a stick in the dirt, can your child do it, just as you did?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN22	Have you ever seen your child try to get a lid off of a bottle or a jar? Is your child able to take the lid off? Can they even unscrew one rotation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
FIN23	Can your child imitate a circle? If you make a circle with a pen on paper, or with a stick in the dirt, can your child do it, just as you did?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

Item Number	Gross Motor	Notes
GRO1	When you are holding your child, with child's head against your shoulder, do you need to hold your hand on your child's head to keep it steady? Or can child control his or her head, even when you let go with your hand? Can child control his or her head for at least a few seconds, without it flopping to the side?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO2	When you hold him in a sitting position, does your child hold his head steady for a few seconds? Can your child keep the head straight for a few seconds, without it flopping from side to side or up and down?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO3	When pulling your child from lying down on his or her back to sitting, does your child's head lag/fall behind like it is not safe? IF YES, CIRCLE YES. NOTE: reverse scoring.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO4	When he or she is on her tummy, does your child hold his or her head and chest straight up, looking around for more than a few seconds? He or she can rest on her arms while doing this. He or she does not have to push herself up, but just hold head up.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO5	Can your child sit WITH support, either leaning against something (furniture or person), or by leaning forward on his or her hands?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO6	Can your child sit WITHOUT help or leaning against anything, even if for a short moment? Can child sit upright, with fairly straight back and neck control, without holding on to you, an object, or resting hands on the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO7	What happens when your child is sitting on the floor and wants to stand up? Have you observed him or her use a chair or another object/piece of furniture to pull him or herself up to a standing position? Or use a person (e.g by pulling themselves up against mum's knees) to hold on to stand up (person doesn't lift child)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO8	When someone holds one or both hands (just to balance), or when child is holding furniture or other object WITH JUST ONE HAND, can your child make a few steps, without tripping? PROBES: Does your child walk at all? How does your child walk? Does your child hold on to you or some furniture to walk along for a few steps?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO9	Have you seen your child standing up without holding onto anything, even if just for a few seconds? If you put your child in a standing position, can he or she stand for a short time without your support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GRO10	Can your child take several steps (3-5) forward without holding onto any person or object, even if they fall down immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK

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GRO11	Can your child walk well, with coordination? With one foot in front of the other (rather than shifting weight side to side, stiff-legged)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO12	Does your child bend down or squat to pick up an object from the floor and then stand up again, without help from a person or object?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO13	Have you observed your child try to throw a ball? What happens? Does it go in the right direction? Can your child purposefully throw the ball, extending arm, and not just dropping the ball? This can be underhand or overhand.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO14	What happens when your child wants something that is out of reach? Have you seen your child climb onto a chair, bed, low table or other objects (rocks, porch, step, etc.), for example, to reach something or to get onto a porch or stoop?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO15	Does your child run more than a few steps, with feet lifted up, without falling or bumping into objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO16	Have you observed your child <u>jump with both feet leaving the ground at about the same time</u> ? Even if only a little bit off the ground? Have you observed your child do this without holding on to anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO17	Can your child kick a ball, while standing? Can he or she <u>STAND AND THEN SWING LEG BACK AND THEN FORWARD</u> to make contact with the ball?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO18	Have you observed your child try to stand on one leg? Can your child do this, <u>if you hold on to one of his or her hands</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO19	Can your child walk sideways, just a couple of steps? Have you seen your child do this?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO20	Can your child walk backwards, just a couple of steps? Have you seen your child do this?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO21	Have you observed your child try to stand on one leg? Can your child do this <u>WITHOUT ANY SUPPORT</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO22	Can your child <u>RUN AND KICK A BALL</u> , as in playing football? Have you seen your child run to kick a ball, and do so successfully?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
GRO23	Can your child <u>catch a ball</u> ? If you throw a ball to your child, can she or he catch it, and hold on to it, for at least a few seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

Item Number	Receptive Language	Notes
REC1	Does your child respond or jump or startle when a loud sound is made? What does he or she do? (Can be a response in any way, e.g., a change in activity or facial expression or eye movement)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC2	Does your child respond to your voice or someone else's voice even if you are not talking to the child directly? Does your child widen eyes, look toward the source of the sound, kick legs, move arms or trunk, coo, smile, laugh?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC3	Have you noticed that your child will turn to your voice or some noise? Can they do this on both sides (TO THE LEFT AND TO THE RIGHT)? IF REPORTED THAT THEY ONLY DO ONE SIDE, SCORE NO. MAKE NOTE OF RESPONSE.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC4	Does your child stop crying or quiet when you come to the room after being out of sight, or when you pick him or her up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC5	Does your child recognize a caregiver or other familiar family members when she or he sees them? Does child smile when they enter the room or speak to them? Do they move excitedly, kick legs, move arms or trunk, coo?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC6	If you (caregiver) call child's name, what does he or she do? Does he or she react by looking at you, or toward you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC7	How do you say "no," or "stop" when your child is doing something you don't want him or her to do? What happens when you say this? Does your child respond immediately and stop what he or she is doing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC8	If you play a game with your child, such as peek-a-boo, pat-a-cake, wave bye-bye, playing with object, or any other kind of baby game, does your child <u>respond with interest, smile</u> ? Even if he or she doesn't participate, and carry out the activities, does he or she show interest in some way? <u>Smiling, widening eyes, kicking, moving arms, etc.</u> ? Does child pay attention for a while?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC9	If you or someone else asks your child to play a game with you (peek-a-boo, bye-bye, etc.), does your child respond? Does he or she understand, even if you don't show them what to do? Does he or she try to participate, even if it's not exactly correct –does he or she attempt the movement, activity, or response?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
REC10	When you ask, "where is the ball/spoon/cup/cloth/door/plate/bucket etc." does the child look at or point to (or even name) <u>ONE</u> object?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK

REC11	When you ask, "where is the ball/spoon/cup/cloth/door/plate/bucket etc." does the child look at or point to (or even name) <u>TWO</u> objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC12	When you ask, "where is the all/spoon/cup/cloth/door/plate/bucket etc." does the child look at or point to (or even name) <u>THREE</u> or more objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC13	Does your child follow a simple command or direction such as "come here" or "give it to me"? Does the child understand when you ask something? Will they do at least one thing you ask the child to do? Can your child do it without you using a gesture?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC14	Does your child follow complex directions with more than one step? For example, "Go to the kitchen/inside/other room and bring me a spoon?" Or "Get me your cup and put water in it and bring it here."	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC15	Can your child identify body parts? For example, if you ask "where's your eyes?" can he or she point to his or her eyes? What about his or her ears, nose, mouth, head, hand, foot, tummy, teeth, tongue, leg, arm, finger? Count the number of body parts the child can identify. SCORE YES IF 1 OR MORE BODY PARTS IDENTIFIED. CIRCLE TOTAL NUMBER IDENTIFIED.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC16	Does your child usually understand what you say to him or her without having to repeat it? If you ask your child to do something, or tell your child something, does he or she understand? Or do you have to repeat what you said to be understood? SCORE YES IF CHILD UNDERSTANDS EASILY, USUALLY THE FIRST TIME.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC17	Does your child know the difference between the words "big" and "small"? If you ask, "Give me the big spoon," or "Give me the small broom," can child understand that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC18	Have you ever looked at pictures in books or photo albums or magazines or calendars with your child? If you ask your child "Where is the boy/girl/baby/cow/chicken/etc.?" can your child point to or look at the right picture?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC19	Have you ever looked at pictures in books or photo albums or magazines or calendars with your child? If you ask your child "Where is the boy/girl/baby/cow/chicken/etc.?" can your child correctly point to or look at 3 or more pictures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
REC20	Does your child understand words like: "over", "on top of", "above", "next to", "under" and "in front of?" If you ask the child to put something under the table or on top of the chair, does your child understand? SCORE YES IF RESPONDENT SAYS CHILD KNOWS TWO OR MORE. CIRCLE THE WORD OR WORDS CHILD UNDERSTANDS.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

Item Number	Expressive Language		Notes
EXP1	Does your child make sounds when <u>LOOKING</u> at toys or people? Does child make squealing noises, high-pitched sounds or grunts, groans, throaty sounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP2	When you talk to your child what does he or she do? Additional probes: Have you observed him or her smile in response? Have you observed him or her make sounds or laugh to talk back to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP3	Can the child make consonant sounds? Do they make sounds like "buh" or "duh" or "muh"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP4	Can the child make sounds like ba, ma, pa, da (single consonant-vowel combinations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP5	When your child wants your attention, what does she or he do? If you are doing a chore or for some reason look away or turn your back to your child, and your child wants your attention, does he or she make noises or gestures or reach for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP6	When your child wants something, or wants to show you something, or wants to be lifted or held, how does he or she let you know? Does your child point, shake head, or otherwise gesture to let you know what he or she wants, or to get your attention? Not by crying or whimpering or making noises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP7	Does the child make noises that sound sentence-like (to himself or in response to an adult making sounds)? Even if the sounds are not words, does your child put together noises that sound like a sentence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP8	Does your child get your attention or try to show you something by reaching at you, pulling on your hand or clothes, using gestures, making noises (not necessarily words)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP9	Can your child say any words, or names of people, in addition to "mama" or "dada"? This doesn't have to be a proper word. Does child say anything or use any words when they want to breastfeed, or want a certain food? Do they make a sound to indicate a chicken, cow, cat, dog, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP10	Can your child say several (2 OR MORE) words that are consistent and refer to the same thing each time they are used? They do not have to be clearly articulated or proper, but words the child uses for an object or action. Can you tell me what these words are?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP11	Does your child ask for something (e.g., food, water) by name when he or she wants it? Can he or she use words to ask for something? Food, water, breastfeeding, being picked up, toy, go outside, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

EXP12	How many words can your child say? What are they? SCORE YES IF 5 OR MORE, AND CIRCLE THE TOTAL NUMBER OF WORDS MENTIONED.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP13	How many words can your child say? What are they? SCORE YES IF 8 OR MORE.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP14	Does your child use two words together in a meaningful phrase/speak in short two-word sentences (e.g. "mama go," "want drink," "daddy gone," etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP15	Have you ever seen your child look at pictures, in a book or a calendar? Can child NAME at least one <u>picture</u> of an object?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP16	How many words can your child say? What are they? SCORE YES IF 10 OR MORE.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP17	When looking at pictures or watching others, can your child tell you what <u>action</u> is taking place if you ask him or her? (e.g. if you ask, "What is the child doing?" can your child respond with an action word? Response should be action word and not noun (food, bed, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP18	Can your child <u>name</u> at least five objects? For example, cup, spoon, ball, fork, knife, pan/pot, knife, chicken, cat, cow, dog, cloth, foods, etc.? TAKE NOTES ON NUMBER OF OBJECTS NAMED, AND RECORD THOSE REPORTED.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP19	Can child communicate his or her own needs/what he or she wants with words in a way understandable to adults and peers? Can he or she do this consistently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP20	Can your child speak in sentences that are 3-4 words long?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP21	Can your child <u>name</u> at least 10 objects? SCORES FROM EXP18 ABOVE. SCORE YES IF CHILD WAS REPORTED TO NAME 10 OR MORE OBJECTS.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP22	Does your child know what these are used for? Can the child explain correctly what the following are used for? Cup (eating/drinking), spoon (eating), knife (cutting), matches (lighting fire), torch (light), broom (sweeping), pen (writing), phone (talking to others, etc.). SCORE YES IF CHILD CAN EXPLAIN 3 OR MORE. Circle total number of objects child can explain use of.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
EXP23	Can your child complete a five-piece puzzle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

EXP24	Does your child talk about or explain things that have happened in the past (e.g., what the child did yesterday)? Can your child tell you about something that happened on a last special event? Can they talk about anything that happened in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Item Number	Socio-emotional		Notes
SE1	Does your child smile when you smile or talk with him or her?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE2	When you are about to pick up your child, does your child act happy or excited? For example, smile, make noises or move arms or legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE3	When your child is upset and you try to comfort him or her, what does he or she do? What happens? Does your child calm down? SCORE YES, IF CHILD CALMS.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE4	Is your child clingy? Does your child have a hard time being away from you or others? Does your child hold on to you or another, and doesn't want you or someone else to leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE5	Is your child upset when left by a caregiver? Does the child protest strongly, crying and fussing, and has a hard time to settle? NOTE REVERSE SCORING.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE6	What does your child do when his or her father or another close family member comes back home to him or her? How does he or she react to that person? (Recognizes/reaches for familiar people) SCORE YES, IF CHILD RECOGNIZES/REACHES FOR FAMILIAR PEOPLE AND RESPONDS TO OTHERS WHEN THEY RETURN.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE7	What happens when you leave your child with a family member? How does he or she react? SCORE YES IF CHILD HAPPILY GOES WITH OTHERS.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE8	Would you say that your child is eager to play with a new toy? Does he or she get excited to play with something new, or do they hold back and wait before approaching something new? Score YES if child shows excitement (smiles, squeals, moves arms, shakes with excitement, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE9	Does your child ever try to imitate you, when you are cooking or cleaning? Does your child try to sweep or pretend to sweep, or pretend to cook or wash clothes, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE10	Is your child interested when she or he sees other children playing? Does she or he watch, smile, look excited?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

Child ID number |__|__|__|__|

Date |D|D||M|M||Y|Y|Y|Y|

SE11	Does the child pay attention when someone is talking to him or her? Does he or she look and respond to you when you are talking or asking child to do something?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE12	Can your child understand on first try what is being said to him or her? Do you need to repeat things very often to get your child to do something?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE13	Does your child sit or play quietly on his or her own for at least several minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE14	Does your child pretend to drink from a cup, or eat with a spoon? Even if there is no food or drink? If the child has an empty cup and spoon, does child to pretend to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE15	When your child sees other children playing, does your child play next to them? She or he does not join in the game, but plays alongside?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE16	Does your child play with a doll or stuffed animal [OR OBJECT REPRESENTING THESE] by hugging it, OR does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? (THE PURPOSE OF THIS QUESTION IS WHETHER CHILD CARES FOR THE DOLL OR STUFFED ANIMAL AS IF IT WERE A PERSON.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE17	Does your child take an object and pretend it is something else? Does your child use something to pretend it is a phone? Or use something to pretend it is a doll, or knife, or food, or blanket, or broom, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE18	Have you ever seen your child use "imaginary" or not visible objects in play? For example, pretending to give food to a child (even though they have nothing to give)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE19	When a familiar adult asks child to do something, does he or she comply? For example, when asked to bring something, greet someone, get something from another room or area, does child usually do it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE20	Have you seen your child join in games and play together with other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE21	Does the child get along well with other children most of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE22	Does child kick, bite or hit other children or adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE23	Does child worry if a known/familiar person is sick or hurt (is interested in the wellbeing/health of that person).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

Child ID number |__|__|__|__|

Date |D|D||M|M||Y|Y|Y|Y|

SE24	If you ask your child to sit still for a short time (1-2 minutes), what happens? Is he or she able to sit and not move away? SCORE YES IF CHILD CAN DO.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE25	Does your child share things with other children or family members? Will your child share food or drink without being told to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE26	If your child's friend or sibling gets hurt or is sad, what does your child do? Does the child show sympathy or look concerned? Does your child try to comfort the other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE27	What does your child do when he or she needs to use the toilet? How do you know when they need to use the toilet? Can they indicate they need to go?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE28	Have you ever seen your child have a fight or problem with another child? If your child has a problem with another child, fighting over a toy, or something, can your child come to you or another adult and calm down easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE29	When child is very disturbed/upset/bothered by something, can he or she later calm self quickly? Can he or she soothe self, and get back under control, and return to a calm state (and participate in play or other ongoing activities easily)? Can child soothe self without your help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
SE30	Would you say that your child bullies or is mean to others at times? For example, does he or she often take toys away from other children, hit others, etc. ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

DK=Don't know

Additional numerical questions*				Notes	
FIN18N	Can your child stack objects such as bottle tops, blocks, stones, on top of each other? HOW MANY?	<input type="checkbox"/> 0	<input type="checkbox"/> 2		
		<input type="checkbox"/> 3	<input type="checkbox"/> 4		
		<input type="checkbox"/> 5	<input type="checkbox"/> 6+		
REC10N	When you ask "where is the ball/spoon/cup/cloth/door/plate/bucket etc." does your child look at or point to (or even name) <u>the object</u> ? HOW MANY OBJECTS CAN YOUR CHILD IDENTIFY?	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
		<input type="checkbox"/> 2	<input type="checkbox"/> 3		
		<input type="checkbox"/> 4	<input type="checkbox"/> 5		
		<input type="checkbox"/> 6	<input type="checkbox"/> 7		
REC15N	Can your child identify body parts? For example, if you ask "where's your eyes?" can he or she point to his or her eyes? What about his or her ears, nose, mouth, head, hand, foot, tummy, teeth, tongue, leg, arm, finger? COUNT THE NUMBER OF BODY PARTS THE CAREGIVER REPORTS THE CHILD CAN IDENTIFY.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
		3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
		6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	
		9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	
		12 <input type="checkbox"/>	13 <input type="checkbox"/>		
EXP12N	How many words can your child say? What are they? PLEASE WRITE DOWN THE WORDS MENTIONED (IN NOTES COLUMN) TO KEEP TRACK OF WHAT IS REPORTED. IF THE NUMBER IS GREATER THAN 20 PLEASE CHECK (TICK) THE MORE THAN 20 BOX AND DO NOT COUNT.	Number? <hr/>			
		<input type="checkbox"/> More than 20?			
EXP18N	How many objects can your child name? <i>For example, cup, spoon, ball, fork, knife, pan/pot, chicken, cat, cow, dog, cloth, foods, etc.?</i> TAKE NOTES ON NUMBER OF OBJECTS NAMED, AND RECORD THOSE REPORTED	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
		3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
		6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	
		9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	
		12 <input type="checkbox"/>	13+ <input type="checkbox"/>		

*to be used in piloting stage