

DEMOGRAPHIC AND HEALTH SURVEYS  
 MIC55 EARLY CHILDHOOD DEVELOPMENT MODULE  
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)								
PLACE NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
NAME AND LINE NUMBER OF WOMAN _____								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
TIME	_____	_____						
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      SPECIFY _____								
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"></table>								
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH      03 LANGUAGE 3      05 LANGUAGE 5 02 LANGUAGE 2      04 LANGUAGE 4      06 LANGUAGE 6								
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR				
NAME	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NAME	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NUMBER				
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				NUMBER				

(1) This section should be adapted for country-specific survey design.  
 Note: Questions with blue highlighting in the question number column are HIV-related questions that may be deleted in some circumstances (see footnotes). Questions with pink highlighting in the question number column are malaria-related questions that may be deleted in some circumstances (see footnotes). Questions with yellow highlighting in the question number column are other questions that may be deleted in some circumstances (see footnotes). Brackets [ ] indicate items that should be adapted on a country-specific basis.

EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
EC1	CHECK 217 AND 218: ANY CHILD 0-4 YEARS OLD LIVING WITH HIS/HER MOTHER?  YES <input type="checkbox"/>	NO <input type="checkbox"/>	NEXT SECT.																
EC2	CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGED 0-4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER  NAME OF THE YOUNGEST CHILD FROM Q. 212 _____	LINE NUMBER OF THE YOUNGEST CHILD FROM Q.219 <input type="text"/> <input type="text"/>																	
EC3	READ TO THE RESPONDENT: Now I would like to ask you some questions about (NAME OF THE CHILD FROM EC2), your youngest child living with you who is 0-4 years old.																		
EC4	How many children's books or picture books do you have for (NAME)?	NONE ..... 00  NUMBER OF BOOKS FOR CHILDREN ..... <input type="text" value="0"/> <input type="text"/>  TEN BOOKS OR MORE ..... 10																	
EC5	I am interested in learning about the things that (NAME) plays with when (he/she) is at home.  Does (he/she) play with: a) homemade toys such as dolls, cars, or other toys made at home? b) toys from a shop or manufactured toys? c) household objects such as bowls or pots or objects found outside such as sticks, rocks, animal shells or leaves?  IF THE RESPONDENT SAYS 'YES' TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) HOMEMADE TOYS .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) TOYS FROM A SHOP .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) HOMEMADE TOYS .....	1	2	8	b) TOYS FROM A SHOP .....	1	2	8	c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .....	1	2	8	
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EC6	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.  On how many days in the past week was (NAME): a) left alone for more than an hour?  b) left in the care of another child, that is, someone less than 10 years old, for more than an hour?  IF 'NONE', WRITE '0'. IF 'DON'T KNOW' WRITE '8'	a) NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR ..... <input type="text"/>  b) NUMBER OF DAYS LEFT TO ANOTHER CHILD FOR MORE THAN AN HOUR ... <input type="text"/>																	

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EC7	VERIFY 217: AGE OF THE CHILD CHILD 0, 1, <input type="checkbox"/> OR 2 YEARS CHILD 3 OR 4 YEARS <input type="checkbox"/>		EC9																																			
EC8	VERIFY 217 AND 218: ANY CHILD AGE 3-4 LIVING WITH HIS/HER MOTHER? YES <input type="checkbox"/> NO <input type="checkbox"/>		NEXT SECT.																																			
EC8A	CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGE 3 OR 4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER NAME OF YOUNGEST CHILD AGE 3 OR 4 FROM Q.212 _____ LINE NUMBER OF YOUNGEST CHILD AGE 3 OR 4 FROM Q.219 <input type="text"/> <input type="text"/>																																					
EC9	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																				
EC10	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (NAME)?  IF YES, ASK: Who engaged in this activity with (NAME)? a) Read books to or looked at picture books with (NAME)? b) Told stories to (NAME)? c) Sang songs to (NAME) or with (NAME), including lullabies? d) Took (NAME) outside of the home, compound, yard or enclosure? e) Played with (NAME)? f) Named, counted, or drew things to or with (NAME)?	<table border="0"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>a) READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>b) TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>c) SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>d) TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>e) PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>f) NAMED OR COUNTED</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	a) READ BOOKS	A	B	X	Y	b) TOLD STORIES	A	B	X	Y	c) SANG SONGS	A	B	X	Y	d) TOOK OUTSIDE	A	B	X	Y	e) PLAYED WITH	A	B	X	Y	f) NAMED OR COUNTED	A	B	X	Y	
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EC11	I would like to ask you some questions about the health and development of (NAME). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects (NAME)'s development. Can (NAME) identify or name at least ten letters of the alphabet?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																				
EC12	Can (NAME) read at least four simple, popular words?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																				
EC13	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																				
EC14	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																				
EC15	Is (NAME) sometimes too sick to play?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																				

EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
EC16	Does (NAME) follow simple directions on how to do something correctly?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
EC17	When given something to do, is (NAME) able to do it independently?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
EC18	Does (NAME) get along well with other children or adults?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
EC19	Does (NAME) kick, bite, or hit other children or adults?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
EC20	Does (NAME) get distracted easily?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	