ASSESSOR MANUAL

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TABLE OF CONTENTS

INTRODUCTION

The **Caregiver Reported Early Development Instruments (CREDI)** was designed to serve as a population-level measure of early childhood development (ECD) for children from birth to age three. As the name suggests, the CREDI exclusively relies on caregiver reports, and thus primarily focuses on milestones and behaviors that are easy for caregivers to understand, observe, and describe.

We strongly encourage teams to keep the following 5 principles in mind when using the CREDI:

> 1. The CREDI is an open-source tool developed for the global community. You do not need permission to use the CREDI, and there are no fees or royalties involved.

> 2. The CREDI has been tested in more than 15 high-, middle- and low-income countries, and is designed to be culturally and linguistically neutral. Adjustments of the tool to local contexts should not be necessary. You should contact the CREDI research team before making adaptations.

> 3. There are two versions of the CREDI: A Short Form, which has exactly 20 questions for each child (depending on age), and a more detailed Long Form which has up to 100 questions per child (depending on age and ability). For large-scale surveys and monitoring efforts, we recommend the use of the Short Form. For research and evaluation projects, the Long Form will provide more domain-specific detail.

> 4. The CREDI Short Form creates a summary score for children's overall developmental status. The Long Form creates domain-specific developmental scores as well as overall developmental status.

> 5. The CREDI was designed as a population-level developmental assessment, and was not designed as an individual screening tool to detect early developmental delays or disorders.

This **Assessor Manual** was developed to support the process of implementing the CREDI. This comprehensive document is intended for use by data collectors (assessors) and covers how to implement the CREDI on the ground. Other materials to support the CREDI's use are available on our website.

Sincerely,

The CREDI Team

CREDI POLICIES AND PROCEDURES

Below is a list of general policies and procedures for implementing the CREDI.

A. GENERAL GUIDELINES & DEFINITIONS

As noted above, the CREDI includes two different Forms: a **Short Form** for large-scale monitoring efforts and a **Long Form** for research and evaluation purposes. For both Forms, the **assessor** is the person who will be asking the survey questions to caregivers and recording the data from these interviews. The **target child** is the child who has been identified in the study protocol as being the subject of the interview. Although study- or sample-specific criteria may apply when selecting the target children, the CREDI is designed to be administered to all children in the 0 to < 3 year age range, regardless of disability status, culture, language, etc. All CREDI items include text referring to "the child." Assessors should feel free to replace the text of "the child" with the target child's first name or with "he" or "she" in order to reduce the formality of the interview.

All items on the CREDI are addressed to the primary caregiver of the target child, and are not based on any direct interactions with the child. The **primary caregiver** is the person who cares for the target child most often and who knows the most about his or her abilities and behavior. Although the primary caregiver is often the mother, this is not always the case. If the father, sibling, grandparent, or neighbor cares for the child more than the mother, than this person should be considered the primary caregiver and be interviewed.

For all CREDI items, there are three response options: **Yes**, **No**, and **Don't Know**. Whenever possible, caregivers should be encouraged to respond with either Yes or No to avoid missing data. Don't Know should only be used when the caregiver is unfamiliar with the child's behavior or skills in a particular area and cannot accurately respond using Yes or No.

B. INSTRUCTION PROMPTS

Both the CREDI Short Form and the CREDI Long Form include **instruction prompts** to explain the purpose of the items to the caregiver. When interviewing the caregiver, the assessor should read these prompts out loud prior to asking the items. When caregivers are completing the CREDI themselves (through a paper-and-pencil or online survey), these prompts should come at the top of the page, before the CREDI questions are listed. The instruction prompts are designed to help the caregiver understand what types of questions will be asked and how to respond to the questions (i.e., by saying Yes, No, or Don't Know). Prompts are also designed to help caregivers feel comfortable and reduce the potential for social desirability (i.e., answering in a way that is considered socially acceptable but not necessarily representative of the child's true skill/behavior).

Instruction prompts should vary slightly in wording depending on the mode of administration. Specific prompts to be included at the start of the assessment for both the Short Form and the Long Form are listed below:

Interview:

> *Now I am going to ask you about the types of things your child is currently able to do. Please answer "yes" or "no" to these questions. If you are unsure, you can also answer "don't know." Please keep in mind that children learn and grow at different rates, so it is fine if your child can't yet do these things. Some of these skills children only achieve at older ages. If there is any question you feel uncomfortable answering, please let me know and we can move to the next question.*

Written Survey:

> *Below [or on the next screen] you are going to see questions about the types of things your child is currently able to do. Please respond to these questions by checking "yes" or "no." If you are unsure of the response, you can also check "don't know." Please keep in mind that children learn and grow at different rates, so it is fine if your child can't yet do these things. Some of these skills children only achieve at older ages. If there is any question you feel uncomfortable answering, please skip it and move to the next question.*

C. START-STOP RULES FOR ADMINISTERING ITEMS

Both the CREDI Short Form and the CREDI Long Form include different items depending on children's age (and, in the case of the Long Form, children's ability). In order to reduce burden, **start-stop rules** have been developed to reduce the number of items administered to any one caregiver. Items were selected for children of different ages based on developmental appropriateness. For example, because the majority of children are able to sit up without support before their first birthday, asking this item of older children would not be useful. Similarly, asking about whether a child can speak in full sentences is not useful for young infants, and may frustrate caregivers.

To determine which items should be administered for a given child, assessors must know the precise age of the target child, **in months**. To facilitate this, we recommend that assessors ask the caregiver for the child's age as well as his or her date of birth. The assessor should then calculate the child's current age based on the date of birth to confirm that the caregiver's report is correct. If there is a discrepancy, this should be resolved through further discussion with the caregiver.

The start rules for the CREDI are based on the child's age in round numbers by month. For the purposes of the CREDI, a child who is 8 months and 29 days is still considered to be 8 months old.

For the **Short Form**, the rule is that a different set of items is administered to caregivers depending on their child's age band. There are six total age bands: 0-5 months, 6-11 months, 12-

17 months, 18-23 months, 24-29 months, and 30-35 months. Each age band includes a total of 20 items that cover different developmental domains. Although some items appear on more than one age band, many of the items in each age band are unique. Caregivers should answer all 20 items within their child's age band, but should not answer items from other age bands. For example, if a child is 4 months old, he/she should receive only the set of items for 0-5 months. It is important that assessors select the correct set of items for the child's age *before* beginning the interview or survey with the caregiver.

For the **Long Form**, there is a single group of items for children of all ages. These items are divided into two sets. One set includes items representing **motor, cognitive, language, and social-emotional development**. These items that are ordered based on difficulty, with items more relevant to younger children coming first, and items more relevant to older children coming last. To begin the Long Form, assessors should **start** at the item marked on the response form with the child's age band. In particular:

- Children 0-5 months should begin with item 1
- Children 6-11 months should begin with item 6
- Children 12-17 months should begin with item 11
- Children 18-23 months should begin with item 29
- Children 24-29 months should begin with item 39
- Children 30-35 months should begin with item 52

To finish the Long Form, assessors should **stop** after the caregiver answers "No" or "Don't Know" to five questions in a row. This means that most younger children will not complete the more difficult items toward the end of the Long Form. It is important to note that items 9 and 102 on the Long Form are reverse coded, meaning that a "No" response on these items counts as a "Yes" and vise versa. These items are marked with ** on the response form as a reminder to count responses as opposite.

All items that are not asked in the Long Form – including those that come before the child's start age and after the five "no" or "don't know" responses – should be left blank.

The second set of items on the Long Form represents children's **mental health**. All of these items should be administered to all children, regardless of their age.

PROTOCOL FOR ADMINISTRATION: INTERVIEW

Although the specific approaches that are used may vary based on culture or study protocol, we strongly recommend using the following general strategies when administering either the CREDI Short Form or the Long Form using an in-person or phone-based interview format.

A. PREPARING FOR THE INTERVIEW

- Make sure that you are prepared for the interview and have all necessary materials (response forms, illustrations, manuals, pens/pencils, notebooks, etc.) gathered in advance.

- Make a good first impression by dressing nicely, introducing yourself, and being polite. Act professionally, and do not overstay your welcome or burden the caregivers in any way. Try to avoid visiting/calling the caregiver during meal times or other points of the day when he/she will be busy or distracted. Scheduling the appointment in advance is a smart way to ensure that you will be welcomed.

- When conducting interviews in person, interview the caregiver in a location that is private and free of distractions. If the interview is happening in the caregiver's home, ask the caregiver where he/she would feel most comfortable. If children are present, they should be cared for by another responsible adult whenever possible during the interview.

- Other adults (e.g., fathers) should not be present during the interview. Only the responses of the primary caregiver should be recorded.

- Before administering any CREDI items, be sure to go through the study-specific consent process to ensure that the caregiver understands the risks and advantages of answering the questions, whether the information will be kept private, etc. Answer all questions from the caregiver before moving forward with the interview.

- Record the date, the participant ID, and any other study-specific information on the response form.

- Confirm the child's age (in months) and date of birth with the caregiver, and record these values on the response form. Be sure to calculate the child's age using the date of birth to confirm that this matches with the caregiver's report of the child's age. If there are discrepancies in how old the child is, resolve these with the caregivers before beginning the interview.

- Based on the child's age, identify the correct set of items or start point to administer based on the start-stop rules described in the above section. Remember that these rules differ for the Short and Long Form. For the Short Form, each caregiver should be asked 20 questions based on the child's age. For the Long Form, the number of items administered to the

caregiver will differ based on the child's age and ability. For the Long Form, be sure to leave all unanswered questions (those that come before the start point and after the stop point) blank.

- Read the instruction prompt exactly as it is written. Provide clarifications on the instructions if the caregiver has questions.

B. DOS AND DON'TS DURING THE INTERVIEW

- Ask all CREDI items exactly as they are written. Do not skip, replace, or add any words. Do not include any additional examples, gestures, or actions to clarify the item. The only words that can be changed are "the child," which can be replaced with target child's first name or with "he" or "she."

- Ask all items in exactly the same order that they are listed on the response form. Do not change the order for any reason.

- When conducting an interview in person and an item includes an illustration (marked by small picture of that image on the response form), read the item first, and then show the corresponding illustration to the caregiver. Show the relevant illustration using a printed copy of the Short Form or Long Form Illustration document found on the CREDI website. Do not show the image on the response form, as it is too small to see. Show only the illustration that is relevant to the particular item. Do not show more than one illustration at a time, and do not show the text of the item. Allow the caregiver enough time to see the illustration before requesting a response. For a phone-based interview, there is no need to show the illustrations.

- Allow the caregiver time to think about his/her response. Do not rush him/her.

- Do not help caregivers by giving examples that are not listed in the questions themselves, by demonstrating the behavior or skill, or providing any additional information other than what is stated in the item itself (or the accompanying illustration).

- If the caregiver is unsure of how to respond to an item, politely but clearly ask him/her to make his/her best guess.

- Based on the caregiver's verbal response, mark (circle or check) the appropriate response on the response form (Yes, No, or Don't Know). Do not interpret ambiguous responses (e.g., "My child does that sometimes") but rather ask the caregiver to respond using one of the three response options. If a response is unclear, ask the caregiver to repeat him/herself.

- All items must be answered as either Yes, No, or Don't Know. The only items that should be left blank are the ones that come before the start rule or after the stop rule on the Long Form.

- Throughout the interview, assessors can choose to keep detailed notes on items that were particularly difficult for caregivers to answer, as well as any concerns that caregivers had

about the individual items or interview as a whole. Because the CREDI is an open source tool, these notes may be submitted to the CREDI team to help to provide additional information on how to improve the CREDI in the future.

C. ADDRESSING CONCERNS

- If the caregiver is bored, distracted, or hesitant to respond, take a short break to engage him/her in unrelated conversation to enhance attention and comfort levels.

- If the caregiver is uncomfortable or anxious about the questions or interview in general, remind him/her occasionally that there are no right or wrong answers, that children grow and show behaviors at different rates, and that what is normal for one individual child or age group may not be normal for another. You may also let him/her know that the items are meant to be difficult, and that most children will not be able to do all of these things because they are still very young.

- Remind caregivers occasionally that all responses are confidential and will not be shared with others.

- If caregivers exhibit continued or severe signs of distress, discomfort, or concern during the CREDI administration, you should follow study-specific protocols for discontinuing the survey and/or providing referrals for child-or family-related support services.

- Occasionally during the course of a survey a caregiver may express a specific concern about a child's ability that is either related or unrelated to the CREDI items (e.g., concerns about physical or mental disability, malnutrition, infection, language skills, etc.). If this occurs, you should tell the caregiver that you are not a clinician or health/development professional and cannot make a specific diagnosis. You can also let the caregiver know that the questions are not designed to give a diagnosis to the child. You should then refer the caregiver to a specific clinic or service provider according to the broader study's protocol.

D. ENDING THE INTERVIEW

- Before ending the interview, quietly review all items and ensure that all relevant items have been completed. If there are missing responses, ask the caregiver the item and fill in his/her response.

- End the interview by thanking the caregivers for their participation and asking if they have any remaining questions or concerns. Do whatever is possible within the study protocol to address any issues.

- Return all materials and completed forms for further processing based on the study-specific protocol. Materials should be returned and processed as soon as possible to minimize the possibility of loss.

PROTOCOL FOR ADMINISTRATION: WRITTEN SURVEY

When administering the CREDI to caregivers directly through a written paper-and-pencil or online survey, teams should begin by ensuring they have appropriate data capture systems in place. More information on data capture systems is available in the *Guidance for Paper-Based and Electronic Data Capture Systems* section of the CREDI Data Management and Scoring Guide. Information on how to format written surveys is available in the *Mode of Administration* section of the CREDI User Guide.

For administration of written surveys, we recommend that teams follow all relevant best practices listed in the above section on the *Protocol for Administration: In-Person Interview*. It is particularly important to:

- Be sure that written surveys are accompanied with informed consent procedures and appropriate study contact information in the case that caregivers have questions or concerns.

- Confirm the child's age (in months) and date of birth. Use this information to identify the relevant items for the child.

- Not provide additional information or clarification about items beyond what is written/shown.

- Ensure that resources are available to answer caregivers' questions about the assessment and to address caregivers' concerns about their children's development.

- Check for the completeness of information before ending the assessment.

BRIEF SUMMARY

In summary, below are the basic steps needed to administer the CREDI. These procedures represent best practices but may differ slightly depending on mode of administration.

- **Step 1**: Gather appropriate materials based on the particular Form (Short or Long), the mode of administration (in-person interview vs. written survey; paper-based vs. online), and the child's age.

- **Step 2**: Greet the caregiver, explain procedures, and ensure his/her comfort. If appropriate, complete consent procedures.

- **Step 3**: Pause and make sure caregiver has time to ask questions.

- **Step 4**: Record the date, participant ID number, and any other relevant information on the response form.

- **Step 5**: Confirm and record the child's age and date of birth. Select appropriate set of items for administration based on age rules.

- **Step 6**: Read the instruction prompt exactly as written.

- **Step 7**: Beginning at the appropriate item for the child's age, administer each item in order, exactly as written, and record caregiver responses.

- **Step 8**: Check all relevant items have been completed and thank the caregiver for his/her participation.