Selected questions and descriptions have been reproduced or adapted from the following tools/assessments: Ages and Stages Questionnaire, third edition (ASQ-3); Bayley Scales of Infant Development (Bayley); Bayley Scales of Infant Development, second edition (Bayley II); Caregiver-Reported Early Development Instruments (CREDI); Developmental Milestones Checklist (DMC); Developmental Milestones Checklist II (DMC II); Kilifi Developmental Inventory (KDI); Malawi Developmental Assessment Tool (MDAT); Preschool Pediatric Symptoms Checklist (PPSC); Saving Brains Early Childhood Development Scale (SBECSD); Test de Desarrollo Psicomotor [Psychomotor Development Test] (TEPSI); and Vineland Adaptive Behavior Scales (Vineland) (see Bibliography for details).
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Project coordination
The development of the GSED package was coordinated by Vanessa Cavallera, Brain Health Unit, Department of Mental Health and Substance Use, WHO.

Writing of the Technical Report
The writing team included (in alphabetical order): Salahuddin Ahmed (Projahnmo Research Foundation, Bangladesh), Romuald Kouadio E Anago (Innovations for Poverty Action [IPA], Côte d’Ivoire), Abdullah H Baqui (Johns Hopkins University, United States of America [USA]), Maureen Black (RTI International and University of Maryland School of Medicine, USA), Alexandra Brentani (University of São Paulo Medical School, Brazil), Kieran Bromley (Keele University, United Kingdom), Stef van Buuren (Netherlands Organisation for Applied Scientific Research [TNO] and Utrecht University, Netherlands), Vanessa Cavallera (WHO headquarters, Switzerland), Symone Detmar (TNO, Netherlands), Tarun Dua (WHO headquarters, Switzerland), Arup Dutta (Center for Public Health Kinetics [CPHK], United Republic of Tanzania), Iris Eekhout (TNO, Netherlands), Melissa Gladstone (University of Liverpool, United Kingdom), Katelyn Hepworth (University of Nebraska, USA), Andreas Holzinger (IPA, Côte d’Ivoire), Magdalena Janus (McMaster University, Canada), Fyezah Jehan (Aga Khan University [AKU], Pakistan), Fan Jiang (Shanghai Jiao Tong University School of Medicine, China), Patricia Kariger (Independent Consultant, USA), Raghbir Kaur (WHO headquarters, Switzerland), Rasheda Khanam (Johns Hopkins University, USA), Gillian Lancaster (Keele University, United Kingdom), Dana McCoy (Harvard Graduate School of Education, USA), Gareth McCray (Keele University, United Kingdom), Imran Nisar (AKU, Pakistan), Ambreen Nizar (AKU, Pakistan), Mariana Pacifico Mercadante (University of São Paulo Medical School, Brazil), Michelle Pérez Maillard (WHO headquarters, Switzerland), Abbie Raikes (University of Nebraska Medical Center, USA), Arunangshu Dutta Roy (Projahnmo Research Foundation, Bangladesh), Marta Rubio-Codina (Inter-American Development Bank, USA), Sunil Sazawal (CPHK, United Republic of Tanzania), Yvonne Schönbeck (TNO, Netherlands), Jonathan Seiden (Harvard Graduate School of Education, USA), Fahmida Tofail (International Centre for Diarrhoeal Disease Research, Bangladesh), Marcus Waldman (University of Nebraska Medical Center, USA), Ann M Weber (University of Nevada, USA), Yunting Zhang (Shanghai Jiao Tong University School of Medicine, China), Arsène Zongo (IPA, Côte d’Ivoire).

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The GSED package v1.0 includes open-access measures that provide a standardized method for measuring the development of children up to 36 months of age across diverse cultures and contexts.”
Introduction

This User Manual is part of a package of materials for the use of the Global Scales for Early Development (GSED). The GSED are open-access measures that provide a standardized method for measuring the development of children up to 36 months of age across diverse cultures and contexts. They have been created to serve as population-level measures of early childhood development (ECD) for the global community that may be compared across countries. There are no fees nor royalties involved when using them, and they were designed and tested to be linguistically and culturally neutral. Adjustments of the measures to local contexts should not be necessary. If some items or parts of them do not seem suitable, assessors should follow the steps indicated in the Adaptation and Translation Guide (part of the GSED package).

The GSED package v1.0 includes the GSED measures as well as accompanying materials to facilitate their implementation and use. The GSED measures collect population-level data on ECD and are designed to be used primarily for research and programmatic evaluations. They comprise a:

- **Short Form (SF)**, a caregiver-reported measure; and
- **Long Form (LF)**, comprised of items administered directly to children by a trained assessor.

In addition to the GSED measures (both as a paper version and app) and the User Manuals, the package includes: i) Item Guides; ii) Scoring Guide; iii) Adaptation and Translation Guide; and iv) Technical Report summarizing the creation and validation of the GSED measures.

**Who is the GSED SF for?**

Current evidence indicates that the psychometric properties of the GSED SF and GSED LF are comparable (see GSED Technical Report). The choice of one or the other, or the two together, to measure child development should be dictated by: i) the specific research question and purpose of the evaluation (e.g. type of intervention); ii) feasible administration (caregiver report versus direct administration); and iii) the capacity and expertise of the team. A combination of the GSED SF and GSED LF may be used to increase measurement precision and sensitivity to potential changes following interventions. Evidence on the potential increase in precision is currently being tested and will be made available in the near future.

---

1. The GSED measures also include (not part of the package v1.0 as they are still being further tested, but can be made available on request):
   - **Household Form (HF)**, caregiver-reported measure, designed to be integrated into large-scale and national-level surveys for monitoring child development; and
   - **Psychosocial Form (PF)**, caregiver-reported measure of children’s psychosocial behaviours.
Qualifications and training needed

To administer the GSED SF, it is recommended that the assessor has completed at least a secondary school qualification. An assessor should have experience building rapport with respondents, conducting interviews with parents of young children, and be comfortable working with families and children, including very young infants. Assessors should be familiar with local customs and fluent in the language of administration.

A detailed item-by-item description is available in the GSED SF Item Guide. It can be used as a resource for both the translation process (to ensure that any translation reflects the original purpose of the questions), adaptation (to ensure instructions are relevant for the context) and training (to ensure that assessors have clear instructions on how to administer and score items). Specifically, the GSED SF Item Guide further clarifies what each item enquires about. However, reading the GSED SF Manual and the Item Guide is not enough to learn how to properly administer the GSED SF. Assessors should undergo the GSED SF training and certification to ensure all administration rules are being followed and that they are familiar with tablet use prior to conducting the assessments.

The primary purpose of the GSED training is for trainees to familiarize themselves thoroughly with all items included in the GSED form they plan to use, understand the guidelines and rules of administration, and demonstrate mastery in the administration of the GSED. GSED training is available in English in person or via web-platform upon request to one of a list of master trainers. Additionally, a series of self-paced online courses are in development. The suggested length of the training for the GSED SF is two to three days (total of approximately eight hours including practice) (an additional five to seven days [three to four hours per day including practice] of training is needed if also using the GSED LF). The training sessions can be tailored according to the users’ experience with child development-related tools and/or previous experience interviewing caregivers. Resources, such as the GSED Training Manual and additional materials (e.g. PowerPoints), are available to ensure that the same procedures are used consistently by all assessors in order to guarantee a standardized administration. To be certified to administer the GSED SF, individuals need to complete a GSED training, pass required knowledge assessment (quizzes), and reflect on their ability to administer the GSED SF through audio recordings.

Purpose and structure of this manual

The purpose of this manual is to guide assessors’ understanding and use of the GSED SF. This manual is organized into four main sections: (a) description of the GSED SF; (b) administration of the GSED SF; (c) what to do and what not to do when administering the GSED SF; and (d) how to address possible challenging situations when administering the GSED SF. This manual is to be used together with the GSED SF Item Guide which covers detailed instructions on how to administer each item.

Information describing the development of the GSED measures, its validation processes and results and interpretation of scores can be found in the GSED Technical Report. Definitions used in this manual are shown in Box 1.
BOX 1. GENERAL DEFINITIONS

- The **assessor** is the person who administers the GSED SF items to the primary caregiver and records the responses.
- The **target child** is the child to whom items refer. Although sample-specific criteria may apply when selecting the target children for the purpose of the data collection effort, the GSED is designed to be applicable to all children in the 0 to < 36 months age range, regardless of disability status, culture, language, etc.
- The GSED measures are meant to be administered to the primary caregiver (GSED SF) or to the target child (GSED LF) in the presence of the primary caregiver. In this context 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 behaviour (see further information below).
Overview of the GSED SF

The GSED SF is a questionnaire completed through an interview with the child’s primary caregiver that may be used with children of all abilities and developmental levels. Both GSED SF and GSED LF collect information on children’s development through administering items that assess specific skills in gross and fine motor coordination, cognition, language and socio-emotional competence. However, domain-specific scores are not provided by the GSED and only a holistic developmental score is produced. The GSED SF assessment aims to capture what the child can (or cannot) do, acknowledging the fact that this assessment is dependent on the caregiver’s knowledge of the child’s abilities.

The GSED measures are designed for use at population and programmatic level. Even though they are collected for individual children, the results are not validated to be interpreted for any specific child. The GSED measures have not yet been tested within the context of clinical use and should therefore not be used for individual screening of developmental delays or impairments nor for diagnosis.

The GSED SF consists of 139 items. However, each caregiver is only expected to respond to about 30-50 items based on the child’s age and caregiver’s responses. Each item can be answered with a binary response option of “Yes” or “No”. A “Don’t know” response option is also included but should only be used when the caregiver is unable to select either “Yes” or “No”. The GSED SF also includes audio, pictures and short video animations to assist in the assessor’s administration, and the caregiver’s understanding and interpretation of the items. A GSED App has been developed to administer the GSED SF through a tablet. However, if electronic administration (which is preferable) is not possible, it can also be done with the paper version.

GSED SF AT A GLANCE

- **139** Total items about child’s skills
- Each caregiver responds to around 30–50 items in total
- Yes/No responses
  - “Don’t know” available if caregiver does not understand an item
- Audiovisual files
  - Accompanying picture/video/audio files to be used as a cue to the caregiver

---

1 To reduce the administration burden in terms of number of items and time required to collect data, an adaptive testing of the measures is being explored. Rather than using a fixed set of questions, the adaptive testing approach tailors the questions to the child, which can reduce administration time by smart-item routing (i.e. moving to an easier question if the response to the prior question is “No”), while maintaining almost equivalent precision compared to a traditional sequence-based administration of the form. Adaptive tests are widely used in education, although there is no experience with this methodology in child development measurements. The GSED team has tested this innovative methodology in order to increase the efficiency of the forms’ administration, and the results are forthcoming.
Administering the GSED SF

Who can answer the GSED SF

The GSED SF is exclusively a caregiver-report questionnaire and should be answered by the child’s primary caregiver. (See Box 1; the definition may be adapted as relevant on a context-by-context basis). Although the primary caregiver is often the mother, this is not always the case. If another person or family member, such as the father, sibling, grandparent or neighbour cares for the child more often than the mother, then this person should be considered the primary caregiver. This caregiver should be 18 years of age or older or an emancipated minor (a minor who is “emancipated” assumes most adult responsibilities before reaching the age of majority [usually 18 depending on the country and legal setting]). When scheduling the administration of the GSED SF with the family, the assessor team should clearly communicate that the primary caregiver must be present for the visit.

If the primary caregiver is not available, an alternative caregiver can be identified as long as he/she is another adult who knows the child and the child’s daily routine very well.

Primary caregiver: cares for the target child most often and knows the most about his/her abilities and behaviour
18 years of age or an emancipated minor
Where to administer the GSED SF

The GSED SF can be administered in any location: at home, in a clinic or elsewhere – wherever works for the assessor team and respondents. However, the location should provide enough privacy so that caregivers are comfortable and free to answer the items in any way without other people’s influence or judgement. Distractions in the assessment venue should be avoided.

Starting the GSED SF administration

Items in the GSED SF are presented in a progressive sequence, related to the level of difficulty of the competence investigated and the age of the child, and are organized into 3-month age bands (Table 1).

To ensure that the GSED SF can be used with children of all abilities and developmental levels, while making its administration efficient, the GSED SF administration includes three rules:

- a “start” rule, which enables the assessor to identify where to begin;
- a “go back” rule, which enables the assessor to go back to a younger age band (easier items), as needed; and
- a “stop” rule, to avoid inquiring about tasks that a child most likely would not be able to accomplish.

### Table 1

<table>
<thead>
<tr>
<th>Age band</th>
<th>Start item</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 &lt; 3 months</td>
<td>SF001</td>
</tr>
<tr>
<td>3 &lt; 6 months</td>
<td>SF018</td>
</tr>
<tr>
<td>6 &lt; 9 months</td>
<td>SF032</td>
</tr>
<tr>
<td>9 &lt; 12 months</td>
<td>SF049</td>
</tr>
<tr>
<td>12 &lt; 15 months</td>
<td>SF058</td>
</tr>
<tr>
<td>15 &lt; 18 months</td>
<td>SF065</td>
</tr>
<tr>
<td>18 &lt; 21 months</td>
<td>SF081</td>
</tr>
<tr>
<td>21 &lt; 24 months</td>
<td>SF085</td>
</tr>
<tr>
<td>24 &lt; 27 months</td>
<td>SF095</td>
</tr>
<tr>
<td>27 &lt; 30 months</td>
<td>SF100</td>
</tr>
<tr>
<td>30 &lt; 33 months</td>
<td>SF104</td>
</tr>
<tr>
<td>33 &lt; 36 months</td>
<td>SF110</td>
</tr>
</tbody>
</table>
To administer the GSED SF, the assessor should begin with (“start” rule) the first item according to the child’s age band (see Table 1).

The “go back” rule is activated if the caregiver responds “No” or “Don’t know” to any of the first three items in the given child’s age band. When this happens, the assessor should go to the previous (younger) age band and continue administration starting with the first item of the younger age band. For example, if the child is 13 months old, the first item to be asked is SF058. If the caregiver responds “No” or “Don’t know” to items SF058, SF059 or SF060, the “go back” rule is triggered. The assessor should move to the younger age band (i.e. 9 < 12 months) and begin with the start item there, in this case SF049. The assessor will then continue with the administration of the GSED SF (see Examples A and B).

NOTE THAT:

» When using the GSED App, the child’s age will automatically be calculated, but when using the paper version the child’s chronological age will need to be calculated before beginning administration in order to select the correct age band to begin.

» If the “go back” rule is triggered on the GSED App, it will bring the user to the first item of the next-younger age band. The assessor will simply need to continue asking the items as they are presented in the app. However, if the original initial item (as per “start” rule based on the child’s age) is reached, the assessor should not re-ask any of the previously administered items which already have a response recorded.
Example A.
13-month-old child - “go back” rule not triggered, administration continues with SF061

<table>
<thead>
<tr>
<th></th>
<th>SF058</th>
<th>SF059</th>
<th>SF060</th>
<th>SF061, …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Example B.
13-month-old child - “go back” rule triggered, administration continues with SF049

<table>
<thead>
<tr>
<th>Potential responses</th>
<th>SF058</th>
<th>SF059</th>
<th>SF060</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver B</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>“Go back” rule triggered. Administer from SF049</td>
</tr>
<tr>
<td>Caregiver C</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Caregiver D</td>
<td>Don’t know</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Caregiver E</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Once the caregiver responds “Yes” to the first three items of the child’s age band, or younger band if the “go back” rule was triggered, the assessor should continue asking the items to the caregiver until reaching the “stop” rule, which is activated when the caregiver responds “No” and/or “Don’t know” to five consecutive items. All items in the sequence should be answered until the “stop” rule is triggered (the form will not be considered complete if items are skipped or unanswered). (See Example C).

NOTE THAT:
For children in the youngest age band, 0 < 3 months, there is no earlier age band. In this case, the assessor should continue asking the items until the “stop” rule is triggered (five consecutive “No” and/or “Don’t know” responses), even if the caregiver responds “No” to any of the first three items. For children in this youngest age band, the assessment ends if the first five responses are “No” and/or “Don’t know”.

Example C.
Continuing with the 13-month-old child, the GSED SF responses for a child whose caregiver responses triggered the “go back” rule might look like:

<table>
<thead>
<tr>
<th>SF049</th>
<th>SF050</th>
<th>SF051</th>
<th>SF052, …</th>
<th>SF058</th>
<th>SF059</th>
<th>SF060</th>
<th>SF061</th>
<th>SF062</th>
<th>SF063</th>
<th>SF064</th>
<th>SF065</th>
<th>SF066</th>
<th>SF067</th>
<th>SF068</th>
<th>SF069</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Y/N</td>
<td>Yes</td>
<td>Don’t know</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Don’t know</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

NOTE THAT
If the assessor reaches the last item of the GSED SF, even without recording five consecutive “No” responses, the administration of the form stops with that last item.
How to administer the GSED SF

The GSED SF is typically administered through an in-person interview with the child’s primary caregiver. When administering the questionnaire, the assessor should read each item out loud to the caregiver, who is requested to respond verbally.

• Assessors should read each item exactly as it is written, without providing further clarifications, explanations or interpretations. Maintaining the script exactly as in the original ensures comparability across respondents.

• Many of the items refer to the child as “he/she”, or “him/her”. When reading out the items, the correct pronoun for the child or the name of the child should be used.

• If items are accompanied by a picture/video/ audio file, there will be an instruction: “SHOW PICTURE/PLAY VIDEO” or “PLAY AUDIO” with the item. In these cases, the assessor should first read the item and show the audiovisual support directly to the caregiver immediately after.

• The purpose of the pictures/videos/audio is to provide a cue to the caregiver, and should be shown/played even if the caregiver has answered prior to seeing/watching/listening to them, i.e. audiovisuals should not be skipped.

• The audiovisual supports should be used only for the items that include them. Responses to the items must be based on the caregiver’s knowledge of the child’s skills. For each item, the assessor should record the caregiver’s actual verbal response (“Yes”, “No” or “Don’t know”).

Assessors are encouraged to have referral details of appropriate child development or paediatric services available for respondents because some items might raise concerns about children’s development.

1 Self-administration and remote administration (e.g. via phone or online forms) as an alternative to in-person surveys are currently being tested. At present, only face-to-face administration is advised.

Read each item out loud to the caregiver
Show picture or play audio or video when indicated
Prompt caregiver to respond
Record response on the GSED App or the paper version

NOTE THAT:

➔ When using the GSED SF on the GSED App, the pictures, video animations and audio files are included within the specific item’s display. The assessor must ask the item and show the media file to the caregiver while asking the question.

➔ When using the GSED paper format, the pictures, audio and video animations should be shown on an electronic support (through PowerPoint or other) while asking the items. If this type of support is not possible, at minimum, both pictures and video animations converted into sequenced-pictures should be printed to be shown during the form administration. In such cases, keeping a record of the GSED SF administration without the full use of the media files is advised.
Dos and Don’ts when administering the GSED SF

- **DO** familiarize yourself with the GSED SF items and administration instructions both electronically and on paper. Even though electronic administration is preferred, if assessment through the GSED App malfunctions, or if the electronic device is not available, the assessment can be completed with a paper version of the GSED SF.

- **DO** read the script and items exactly as written. If an item is not clear to the caregiver:
  - **DO** repeat the item and/or the response categories by reading them again exactly as they are written (two or three times). If the caregiver is still not able to provide a clear answer as per the response options, then score the item as “Don’t know”.
  - **DO NOT** provide further clarifications or explanations.
  - **DO NOT** rephrase the items in your own words or give additional examples.
  - **DO NOT** use the GSED SF Item Guide to explain the item.

- **DO** show picture, video animations or play audio as indicated in each item, even if the caregiver has answered the item before seeing/hearing them.
  - **DO NOT** skip showing the pictures, or playing the videos and audios.

- **DO** record the caregiver’s actual verbal response (“Yes”, “No” or “Don’t know”). Responses to the items should be based on the caregiver’s knowledge of the child’s skills. If the child is present, the caregiver should not ask the child to do the item-related skill.
  - **DO NOT** record what you observe the child can or cannot do, even if what you see might contradict the caregiver’s response.
  - **DO NOT** attempt to interpret the caregiver’s response in any way. If caregiver’s responses are not clear, **DO:** a) read the item again; and/or b) remind and stress to the caregiver the possible answers, so you can record a clear “Yes” or “No”.

- **DO** score “Don’t know” only when:
  - the caregiver explicitly responds that he/she does not know;
  - the item is still not clear for the caregiver after repeating it two or three times;
  - the caregiver’s answer is still not a clear “Yes” or “No” for the assessor after repeating the response options two or three times;
  - the caregiver explicitly indicates that he/she doesn’t want to answer an item.
  - **DO NOT** answer “Don’t know” if the item is not clear to caregiver and/or answer is not clear to you on the first attempt.
Managing challenges during GSED SF administration

Several situations may arise during the assessment that could make the administration of the GSED SF challenging. Below are a few examples of these cases and suggestions on how to address them.

Caregiver doesn’t answer according to response categories (“Yes/No”)

✓ Patiently and consistently repeat the response categories (two or three times) until the respondent becomes familiar with this type of answer and is used to answering according to the expected categories. Say, for example, “So would you say that the child does do that, or the child does not do that yet?”, or “So would you say that is more yes, or more no?”.

Caregiver asks, “What does that mean?”

✓ The interviewer should repeat the item as written two or three times. If the caregiver still does not understand, mark the answer as “Don’t know”. If feeling pressured into explaining or rephrasing an item, explain to the caregiver that, “The administration rules of the form require that I read the questions as written”.

Caregiver answers item before the audiovisual support is presented

✓ Show/play the picture/video/audio and record the answer that the caregiver provides after watching the audiovisual. If needed, explain to the caregiver that the administration rules of the form require all audiovisual support to be displayed before recording an answer.

Caregiver asks to see if he/she can have the child display the behaviour

✓ Instruct the caregiver to answer based on what he/she thinks the child can do. Tell the respondent that you are not allowed to see if the child is able to display the behaviour. If the respondent directs the child to display the behaviour without asking you first, record only the respondent’s answers, independently of what you observe the child doing or not doing.

Other family members try to respond to the items or contradict the caregiver

✓ Prevent others from being in the room by asking the caregiver to go to a quiet area with privacy.

✓ If others are present, only mark responses based on what the primary caregiver responds. Emphasize to the caregiver the importance of his/her response.

✓ Note to the other individuals present that only one caregiver is allowed to respond to the items.

Caregiver seems upset by items. This might happen if the respondent is becoming concerned about the child’s development due to the questions being asked.

✓ Show empathy and respect for the respondent, while avoiding a deeper discussion about the area that may be upsetting the respondent. Discussing the topic further may increase the distress of the respondent. You may also say that you are not qualified to assist with advice over any concern, but can gladly share some referral details so the caregiver can seek professional support and guidance.

✓ Thank the respondent for sharing the information with a simple statement, “Thank you for sharing this time with me. I understand that it can be hard to talk about this”.

✓ Remind the respondent that all information is confidential and will not be shared.

✓ If the respondent seems too upset to continue, say, “Would you like to take a break?”, or “Can I ask you the next item?”, or “Should we stop?” and proceed with the caregiver’s preference. If continuing with the assessment, mark “Don’t know” for the item and continue administering the following items.
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FOR MORE INFORMATION PLEASE CONTACT:

**Brain Health Unit**  
Department of Mental Health and Substance Use  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Switzerland  

**Email:** GSED@who.int  

**Website:** https://www.who.int/teams/mental-health-and-substance-use/data-research/global-scale-for-early-development