

IMPACT EVALUATION OF EARLY YEARS PRESCHOOL PROGRAM
MIDLINE EVALUATION
Household Questionnaire

Date of Interview: ____ / ____ / ____

Assessor's name: _____

Child ID _____

Introduction

Thank you for your time. My name is _____, and I work for Data International Ltd. and we are evaluating early childhood programming. The goal of this evaluation is to improve the education that is being provided to children like yours. Your answers to the following questions will help us greatly in reaching this purpose. This interview is voluntary. You do not need to answer any questions that you do not wish to answer, and you can stop answering questions any time without penalty. All of your answers are confidential. Again, thank you for your time.

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PART 1: General Family Information

1. What is your child's name?	
2. What is your full name?	
3. How are you related to the child?	<input type="checkbox"/> Mother (1) <input type="checkbox"/> Father (2) <input type="checkbox"/> Grandparent (3) <input type="checkbox"/> Older brother/sister (4) <input type="checkbox"/> Other caregiver (5) Specify (5A): _____
4. What is the number of 7-10-year-old children in the family?	
5. How many of the 7-10-year-old children in the family are attending school?	
6. What is the number of 11-15-year-old children in the family?	
7. How many of the 7-10-year-old children in the family are attending school?	

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PART 2: Home Environment / Parenting Practices

8. Do you have any of the following types of other reading materials at home?			
	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)	<input type="checkbox"/> Don't know (99)
a. Story/picture books for young children?			
If yes, how many books?			
b. Textbooks?			
c. Magazines?			
d. Newspapers?			
e. Religious books?			
f. Coloring books?			
g. Comics?			
9. I am interested in learning about the things that your child plays with when s/he is at home. Does s/he play with:			
a. Homemade toys, such as stuffed dolls, cars, or other toys made at home?			
b. Toys from a shop or manufactured toys?			
c. Household objects, such as bowls, cups or pots?			
d. Objects found outside, such as sticks, stones or leaves?			
e. Does your child have any drawing or writing materials?			
f. Does child have any puzzles (even a two piece puzzle counts)?			
g. Does your child have any two or three piece toys that require hand-eye coordination?			
h. Does child have toys that teach about colors, sizes or shapes?			
i. Does child have toys or games that help teach about numbers/counting?			
j. Others			

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10. In the past week, did you or any other family member older than 15 years engage in these activities with <<insert child's name>>? Note: ask "Who?" if the answer is "yes". – tick as many as appropriate	Yes (1)	No (0)	Mother (2)	Father (3)	Other caregiver (4)
a. Read books or look at pictures books with child?					
b. Tell stories to the child?					
c. Sing songs to or with the child, including lullabies?					
d. Take the child outside the home? For example, to the market, visit relatives.					
e. Play with the child any simple games?					
f. Name objects or draw things to or with the child?					
g. Show or teach your child something new, like teach a new word, or teach how to do something?					
h. Teach alphabet or encourage to learn letters to the child?					
i. Play a counting game or teach numbers to the child?					
j. Hug or show affection to your child?					
k. Spank your child for misbehaving?					
l. Hit your child for misbehaving?					
m. Criticize or yell at your child?					
11. I would like to know about how your child spends his/her day.					
a. On a regular day, how many hours does the mother spend time talking, walking, and/or playing with the child?					
b. On a regular day, how many hours does the father spend time talking, walking, and/or playing with the child?					
c. On a regular day, how many hours the child spend in the care of another child who is less than 10 years old?					
d. On a regular day, how many hours does the child spend alone?					

Part 3: Health Status

12. In general, would you say that your child's health is?

Very good	1
Good	2
Moderate	3
Bad	4
Very bad	5
Unsure	88
Refused	99

13. In the last 6 months, has [child name] received deworming?

Yes	1
No	2
Unsure	88
Refused	99

14. In the past 2 weeks, has [child name] had diarrhea, defined as loose stools more than 3 times per day?

Yes	1
No	2
Unsure	88
Refused	99

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15. In the past 2 weeks, has [child name] had cough or difficulty breathing?

Yes	1
No	2
Unsure	88
Refused	99

16. When was the last time that [study child name] was weighed for growth monitoring?

Less than 1 month ago	1
1-3 months ago	2
3-6 months ago	3
6-12 months ago	4
Longer than 12 months ago or never weighed	5
Unsure	88
Refused	99

Part 7: Child's Preschool Education

17. Did you enroll your child in any preschool program in 2018?

Yes → continue to Q18	1
No → continue to Q33	2

18. If yes, which type of preschool program?

Public preschool	1
Private preschool	
BRAC preschool	2
Madrasa/Islamic preschool	3
Other preschool	8
Unsure	88
Refused	99

19. On average, how many days per week did your child attend this preschool?

One	1
Two	2
Three	3
Four	4
Five or More	5
Unsure	88
Refused	99

20. Was this preschool programme a full day programme (morning and afternoon), or a half day programme (only morning or only afternoon)?

Full day	1
Half Day	2
Refused	99
Unsure	88

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21. How confident were you in your abilities to prepare your child for preschool?

Not at all confident	1
A little confident	2
Somewhat confident	3
Very confident	4

I would now like to read you some statements about your child's preschool, and I want you to tell me whether you think each is not at all true, a little bit true, mostly true, or very true in your opinion. All the answers you provide will be kept confidential. This means that no one at your child's school will know what you tell me here.

22. The school was a good place for my child to be.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

23. The school did a good job preparing children for their futures.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

24. Going to school exposed my child to harmful people or ideas.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

25. The school met my child's academic needs.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

26. The school met my child's social and behavioral needs.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

27. Doing well in preschool will improve my child's chances of having a good life when he/she grows up.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

28. This preschool kept me informed about my child's performance and behavior.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

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29. I like the teacher(s) at the preschool.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

30. I feel comfortable talking with my child's preschool teacher.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

31. The preschool is a welcoming place for families like mine.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

32. The preschool is a safe place for my child.

Not at all true	1
A little bit true	2
Mostly true	3
Very true	4

➔ Closing

33. Why didn't you send your child to preschool in 2018?

He/she was too young	1
There was no preschool in my area	
My family didn't like the preschool(s) in my area	2
There were not enough spaces in the preschool(s) in my area	3
Other	8
Unsure	88
Refused	99

Closing

Thank you for taking the time to speak with me today.