

Child's Name:
Birth Date:
Today's Date:

	D	Eν	ΈL	OP	ME	NTA	L MI	LES	TO	NES
--	---	----	----	----	----	-----	------	-----	----	-----

Most children at the	his age will be able to	do some (but	not all) of the	developmental	tasks listed !	below. Please te	:II
us how much you	r child is doing each	of these thinas	. PLEASE BE	SURE TO ANS	WER ALL T	HE QUESTIONS	S.

us how much your child is doing each of these things. PLEASE BE SURE TO AN		
Not Yo	et Somewhat	Very Much
Makes sounds that let you know he or she is happy or upset · · · · · · · · · · · · · · · · · · ·	1	2
Seems happy to see you · · · · · · · · · · · · · · · · ·	1	2
Follows a moving toy with his or her eyes · · · · · · · · · · · · ·	1	2
Turns head to find the person who is talking · · · · · · · · · · · ·	1	2
Holds head steady when being pulled up to a sitting position · · · · · · · · · · · · ·	1	2
Brings hands together · · · · · · · · · · · · · · · · · · ·	1	2
Laughs	1	2
Keeps head steady when held in a sitting position · · · · · · · · · ·	1	2
Makes sounds like "ga," "ma," or "ba" · · · · · · · · · · ·	1	2
Looks when you call his or her name · · · · · · · · · · · ·	1)	2
BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)		
These questions are about your child's behavior. Think about what you would expage, and tell us how much each statement applies to your child.	pect of other childre	en the same
11 2		M M I.
Not at a	_	Very Much
Does your child have a hard time being with new people? · · · · · · · · · · · · · · · · · · ·	1)	2
Does your child have a hard time in new places? · · · · · · · · · · · · · ·	1)	2
Does your child have a hard time with change? · · · · · · · · · · · · · ·	1)	2
Does your child mind being held by other people? · · · · · · · · ·	1)	2
Does your child cry a lot? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child have a hard time calming down? · · · · · · · · · ·	1	2
Is your child fussy or irritable? · · · · · · · · · · · · · · · · ·	1	2
Late hard to comfort your child?	(1)	2
Is it hard to comfort your child? · · · · · · · · · · · · · · · ·	<u> </u>	
Is it hard to keep your child on a schedule or routine? · · · · · · · · ·	1)	2
Is it hard to keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·		
Is it hard to keep your child on a schedule or routine? · · · · · · · · ·	1)	2
Is it hard to keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·	① ①	2 2
Is it hard to keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·	① ① ①	② ② ② ②
Is it hard to keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·	① ① ①	② ② ② ②
Is it hard to keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·	1 1 1	② ② ② ②

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	0	$\circ$	$\circ$
Do you have any concerns about your child's behavior?	$\bigcirc$	$\bigcirc$	$\bigcirc$

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FAMILY QUESTIONS  Because family members can lead about your family below:	have a big impact on yo	our child's de	velopment, ple	ase answer a	
<ol> <li>Does anyone who lives with</li> <li>In the last year, have you ev</li> <li>Have you felt you wanted or</li> <li>Has a family member's drink</li> </ol>	ver drunk alcohol or use needed to cut down on	ed drugs more n your drinkin	g or drug use i	n the last yea	Yes No
			Never true	Sometimes	true Often true
<b>5</b> Within the past 12 months, w run out before we got money		food would	0	0	0
6 In general, how would you d relationship with your spouse	escribe your e/partner?	No tension	Some tension Some	A lot of tension Great	
7 Do you and your partner wor	rk out arguments with:	No difficult	y difficulty		
8 During the past week, how other family members read t		0 1	2 3	4 5	6 7
EMOTIONAL CHANGES WIT	H A NEW BABY**				
Since you have a new baby i the answer that comes close			_	_	
	In the pas	st seven day	/s		
1 I have been able to laugh a	nd see the funny side	of things			
As much as I always     could	Not quite so     much now	(	Definitely not much now	SO	③ Not at all
2 I have looked forward with  ① As much as I ever did	enjoyment to things  ① Rather less than I used to	(	Definitely less used to	than I	③ Hardly at all
3* I have blamed myself unne	ecessarily when thing	s went wron	ıg		
③ Yes, most of the time	② Yes, some of the ti	me (	Not very ofte	n	No, never
4 I have been anxious or wor					
⊙ No, not at all	① Hardly ever	(2	Yes, sometim	nes	③ Yes, very often
5* I have felt scared or panicl 3 Yes, quite a lot	② Yes, sometimes	_	No, not much	1	No, not at all
6* Things have been getting	on top of me				
③ Yes, most of the time I haven't been able to cope at all	② Yes, sometimes I haven't been copin well as usual		No, most of the lime I have counter well		No, I have been coping as well as ever
7* I have been so unhappy th	at I have had difficulty	y sleeping			
③ Yes, most of the time	② Yes, sometimes		Not very ofte	n	No, not at all
8* I have felt sad or miserable	e				
③ Yes, most of the time	② Yes, quite often		ONot very often	n	No, not at all
9* I have been so unhappy th	at I have been crying				
③ Yes, most of the time	② Yes, quite often	(	Only occasio	nally	No, never
10* The thought of harming r	nyself has occurred to	o me			
③ Yes, quite often	② Sometimes	(	Hardly ever		Never
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Child's Name:	
Birth Date:	
Today's Date:	

### DEVELOPMENTAL MILESTONES

Most	children	at this a	ge will b	e able to	do some	(but no	t all) of the	developmental	l tasks li	isted below.	Please te	Il us how
much	n vour ch	nild is doi	ng each	of these	things. Pl	EASE	BE SURE	TO ANSWER A	ALL THE	<b>QUESTIO</b>	NS.	

That your ormalic deling dustrion those timige. I LETTOL BE SOIKE TO THIS EVEN	, , , , , , , , , , , , , , , , , , ,	2	
Holds head steady when being pulled up to a sitting position · · · ·	Not Yet	Somewhat	Very Much
	• •	1	2
Brings hands together · · · · · · · · · · · · · · · · · · ·	_	1	2
Laughs	• (0)	(1)	2
Keeps head steady when held in a sitting position · · · · · · · ·		1	2
Makes sounds like "ga," "ma," or "ba" · · · · · · · · · · · ·	_	1	2
Looks when you call his or her name · · · · · · · · · · · · ·	• (1)	1)	2
Rolls over · · · · · · · · · · · · · · · · · · ·	• (1)	1	2
Passes a toy from one hand to the other · · · · · · · · · · ·	• ①	1	2
Looks for you or another caregiver when upset · · · · · · · ·	• (6)	1	2
Holds two objects and bangs them together $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot$	• ①	1)	2
DARY REPLATRIC CYMPTOM CUECKLICT (RRCC)			
BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC) These questions are about your child's behavior. Think about what you would	expect of	other children tl	ne same age
and tell us how much each statement applies to your child.			.e cae a.ge,
	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people? · · · · ·	<b>o</b>	1)	2
Does your child have a hard time in new places? · · · · · · ·	0	1	2
Does your child have a hard time with change? · · · · · · · ·	<b>o</b>	1	2
Does your child mind being held by other people? · · · · · · ·	<b>o</b>	1	2
Does your child cry a lot? · · · · · · · · · · · · · · · · · · ·	0	1)	2
Does your child have a hard time calming down? · · · · · · ·	0	1	2
Is your child fussy or irritable? · · · · · · · · · · · · · ·	0	1)	2
Is it hard to comfort your child? · · · · · · · · · · · · · ·	<b>o</b>	1	2
Is it hard to keep your child on a schedule or routine? · · · · · ·	0	1	2
Is it hard to put your child to sleep? · · · · · · · · · · · ·	<b>(</b>	1	2
Is it hard to get enough sleep because of your child? · · · · · ·	0	1	2
Does your child have trouble staying asleep? · · · · · · · ·	0	1	2
PARENT'S CONCERNS			
ANENTOGONOLINO	Not at all	Somewhat	Very Much
Do you have any concerns about your child's learning or development? Do you have any concerns about your child's behavior?	0	0	0

FAMILY QUESTIONS  Because family members can habout your family below:	nave a big impact on yo	our child's dev	velopment, plea	ase answer a	·
<ol> <li>Does anyone who lives with</li> <li>In the last year, have you ev</li> <li>Have you felt you wanted or</li> <li>Has a family member's drink</li> </ol>	er drunk alcohol or use needed to cut down on	ed drugs more n your drinking	g or drug use ir	n the last yea	(Y) (N)
			Never true	Sometimes	true Often true
5 Within the past 12 months, w run out before we got money		food would	0	0	0
In general, how would you de relationship with your spouse	escribe your e/partner?	No tension	Some tension Some	A lot of tension  Great	Not applicable O Not applicable
7 Do you and your partner wor	rk out arguments with:	No difficulty	y difficulty		
During the past week, how no other family members rea	d to your child?	0 1	2 3	4 5	6 7
EMOTIONAL CHANGES WIT					
Since you have a new baby i the answer that comes close	st to how you have fe	It IN THE PA	ST 7 DAYS, n	_	
	•	st seven days	S		
1 I have been able to laugh a		_			_
As much as I always     could	① Not quite so much now	(2)	Definitely not much now	SO	③ Not at all
2 I have looked forward with  ① As much as I ever did	enjoyment to things  ① Rather less than I  used to	(2)	Definitely less used to	than I	③ Hardly at all
3* I have blamed myself unne	ecessarily when thing:	s went wron	g		
③ Yes, most of the time	② Yes, some of the ti	me ①	Not very ofter	ı	No, never
4 I have been anxious or wor	ried for no good reas	on			
No, not at all	1 Hardly ever		Yes, sometim	es	③ Yes, very often
5* I have felt scared or panicl 3 Yes, quite a lot	ky for no good reason ② Yes, sometimes	_	No, not much		⊕ No, not at all
6* Things have been getting	on top of me				
③ Yes, most of the time I haven't been able to cope at all	② Yes, sometimes I haven't been copin well as usual	ng as	No, most of the lime I have coperative well		No, I have been coping as well as ever
7* I have been so unhappy th	at I have had difficulty	y sleeping			
③ Yes, most of the time	② Yes, sometimes	(1	Not very ofter	1	⊙ No, not at all
8* I have felt sad or miserable	<del></del>				
③ Yes, most of the time	② Yes, quite often	(1	Not very ofter	1	No, not at all
9* I have been so unhappy th	at I have been crying				
③ Yes, most of the time	② Yes, quite often	1	Only occasion	nally	No, never
10* The thought of harming r	·	o me			
③ Yes, quite often	② Sometimes		Hardly ever		① Never
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Child's Name:	
Birth Date:	
Today's Date:	

V1.08, 12/20/19 SWYC

DEVELOPMENTAL MILESTONES			
Most children at this age will be able to do some (but not all) of the developmer much your child is doing each of these things. PLEASE BE SURE TO ANSWER			tell us how
much your child is doing each of these things. I LEASE BE SOILE TO ANSWE			
	Not Yet	Somewhat	Very Much
Makes sounds like "ga," "ma," or "ba" · · · · · · · · · · · ·		1	2
Looks when you call his or her name · · · · · · · · · · · · · · · · · · ·		1	2
Rolls over	_	1)	2
Passes a toy from one hand to the other · · · · · · · · · · ·		1	2
Looks for you or another caregiver when upset · · · · · · · · · · · · · · · · · · ·		1	2
Holds two objects and bangs them together · · · · · · · · · · · · · · · · · · ·		1	2
Holds up arms to be picked up · · · · · · · · · · · · · · ·		1)	2
Gets into a sitting position by him or herself · · · · · · · · · · ·		1)	2
Picks up food and eats it · · · · · · · · · · · · · · · · · ·		1	2
Pulls up to standing · · · · · · · · · · · · · · · · · · ·	•	1	2
BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)			
These questions are about your child's behavior. Think about what you wou	ld expect of	other children th	ne same age.
and tell us how much each statement applies to your child.			<b>- -</b>
	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people? · · · · ·	• (0)	1	2
Does your child have a hard time in new places? · · · · · · ·	• (0)	1	2
Does your child have a hard time with change? · · · · · · · · ·	• (6)	1)	2
Does your child mind being held by other people? · · · · · · · ·	. (1)	1	2
, , , , ,			
Does your child cry a lot? · · · · · · · · · · · · · · · · · · ·	•	1	2
Does your child have a hard time calming down? · · · · · · ·	•	1)	2
Is your child fussy or irritable? · · · · · · · · · · · · · ·	• (6)	(1)	2
Is it hard to comfort your child? · · · · · · · · · · · · · ·	• (6)	1	2
		<u> </u>	
Is it hard to keep your child on a schedule or routine? · · · · · ·	• (6)	1)	2
Is it hard to put your child to sleep? · · · · · · · · · · · ·	. (1)	(1)	2
Is it hard to get enough sleep because of your child? · · · · · · ·	• (0)	(1)	2
Does your child have trouble staying asleep? · · · · · · · · · · ·	<u> </u>	<u> </u>	
boes your crilic have trouble staying asleep?	•	1)	2
PARENT'S CONCERNS			
	Not at all	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	$\bigcirc$	$\bigcirc$	$\bigcirc$
Do you have any concerns about your child's behavior?	$\bigcirc$	$\bigcirc$	$\circ$

Floating Hospital for Children at Tufts Medical

FAMILY QUESTIONS Because family members can about your family below:	have a big impact on yo	our child's de	velopment, ple	ase answer a	·			
1 Does anyone who lives with your child smoke tobacco? 2 In the last year, have you ever drunk alcohol or used drugs more than you meant to? 3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year? 4 Has a family member's drinking or drug use ever had a bad effect on your child?  Never true  Semetimes true  Often true								
E Mithin the most 40 months and		£	Never true	Sometimes	true Often true			
5 Within the past 12 months, w run out before we got money		tood would	0	0	0			
6 In general, how would you d relationship with your spous	escribe your e/partner?	No tensior	Some tension Some	A lot of tension	Not applicable			
7 Do you and your partner wo with:	rk out arguments	No difficult		Great difficulty	Not applicable			
8 During the past week, how other family members read		0 1	2 3	4 5	6 7			
<b>EMOTIONAL CHANGES WIT</b>	H A NEW BABY**							
Since you have a new baby i the answer that comes close			_	_				
	In the pas	st seven day	'S…					
1 I have been able to laugh a	nd see the funny side	of things						
As much as I always could	Not quite so     much now	(2	Definitely not much now	so	③ Not at all			
2 I have looked forward with  ① As much as I ever did	enjoyment to things  ① Rather less than I used to	(2	Definitely less used to	than I	③ Hardly at all			
3* I have blamed myself unne	ecessarily when thing	s went wron	ıg					
③ Yes, most of the time	•		_	า	No, never			
4 I have been anxious or wor	ried for no good reas	on						
No, not at all	① Hardly ever		Yes, sometim	nes	③ Yes, very often			
5* I have felt scared or panic 3 Yes, quite a lot	ky for no good reason ② Yes, sometimes	_	No, not much	1	⊙ No, not at all			
6* Things have been getting	on top of me							
③ Yes, most of the time I haven't been able to cope at all	② Yes, sometimes I haven't been copir well as usual		No, most of the lime I have co quite well		No, I have been coping as well as ever			
7* I have been so unhappy th	nat I have had difficult	y sleeping						
③ Yes, most of the time	② Yes, sometimes	(	Not very ofter	n	⊙ No, not at all			
8* I have felt sad or miserable	e							
③ Yes, most of the time	② Yes, quite often	(	Not very ofter	า	⊙ No, not at all			
9* I have been so unhappy th	nat I have been crying							
③ Yes, most of the time	② Yes, quite often		Only occasion	nally	No, never			
10* The thought of harming i	myself has occurred t	o me						
③ Yes, quite often	② Sometimes	_	Hardly ever		Never			
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# SWYC: 9 months

9 months, 0 days to 11 months, 31 days *V1.08*, *12/20/19* 

Child's Name:	
Birth Date:	
Todav's Date:	

Most childre	en at this	age will b	e able to	do some	(but not all	) of the	developm	ental tasks	listed below.	. Please tell us
how much y	our child	is doing	each of the	ese thing	s. PLEASE	BE SU	<b>RE TO AI</b>	NSWER AL	L THE QUE	STIONS.

Not Yet	Somewhat	Very Much
Holds up arms to be picked up · · · · · · · · · · · · · · · · · ·	1	2
Gets into a sitting position by him or herself · · · · · · · · · · · · · · · · · · ·	1	2
Picks up food and eats it · · · · · · · · · · · · · · · · · ·	1	2
Pulls up to standing · · · · · · · · · · · · · · · · · · ·	1	2
Plays games like "peek-a-boo" or "pat-a-cake" · · · · · · · · · · · · · · · · · · ·	1	2
Calls you "mama" or "dada" or similar name · · · · · · · · · · · · · · · ·	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	1	2
Copies sounds that you make · · · · · · · · · · · · · · · · · · ·	1	2
Walks across a room without help · · · · · · · · · · · · · · · · · · ·	1	2
Follows directions - like "Come here" or "Give me the ball" · · · · ①	1	2

### BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

Not at al	I Somewhat	Very Much
Does your child have a hard time being with new people? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child have a hard time in new places? · · · · · · · · · ·	1	2
Does your child have a hard time with change? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child mind being held by other people? · · · · · · · · · · · · · · · ·	1	2
Does your child cry a lot? · · · · · · · · · · · · · · · · · ·	1	2
Does your child have a hard time calming down? · · · · · · · · · · · · ·	1	2
Is your child fussy or irritable? · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to comfort your child? · · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to keep your child on a schedule or routine? · · · · · · · · · · · · ·	1	2
Is it hard to put your child to sleep? · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to get enough sleep because of your child? · · · · · · · · · · · · · ·	1	2
Does your child have trouble staying asleep? · · · · · · · · · · · ·	1	2

PARENT'S CONCERNS					
		Not At	All Somew	hat Ve	ry Much
Do you have any concerns about your child's learning or de	evelopment'	?	$\circ$	0	
Do you have any concerns about your child's behavior?	$\circ$	$\circ$	$\circ$		
FAMILY QUESTIONS					
Because family members can have a big impact on your chyour family below:	nild's develo	pment, pleas	se answer a fev	v questior	s about
				Yes	No
1 Does anyone who lives with your child smoke tobacco?	$\bigcirc$	N			
2 In the last year, have you ever drunk alcohol or used dru	$\bigcirc$	N			
3 Have you felt you wanted or needed to cut down on you	$\bigcirc$	N			
4 Has a family member's drinking or drug use ever had a bad effect on your child?					N
		Never true	Sometimes tr	ue Oft	en true
<b>5</b> Within the past 12 months, we worried whether our food wo run out before we got money to buy more.	uld	0	0		0
Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly e	very day
6 Having little interest or pleasure in doing things?	0	1	2		3
7 Feeling down, depressed, or hopeless?	0	1	2	(	3
In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not app	plicable
<b>9</b> Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not ap	plicable
10. During the post week how many days did year					
10 During the past week, how many days did you or other family members read to your child?	0	1 2	3 4	5 6	7



# SWYC: 12 months

**12 months, 0 days to 14 months, 31 days** *V1.08, 12/20/19* 

Child's Name:	
Birth Date:	
Today's Date:	

### **DEVELOPMENTAL MILESTONES**

Most childre	en at this	age will b	e able to	do some	(but not al	I) of the	developn	nental ta	isks lis	sted below.	Please te	ıll us
how much y	your child	d is doing	each of th	ese thing	s. PLEAS	E BE SU	JRE TO A	NSWEF	R ALL	THE QUES	STIONS.	

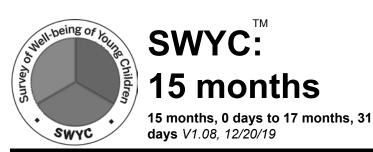
Not Yet	Somewhat	Very Much
Picks up food and eats it · · · · · · · · · · · · · · · · · ·	1	2
Pulls up to standing · · · · · · · · · · · · · · · · · · ·	1	2
Plays games like "peek-a-boo" or "pat-a-cake" · · · · · · · · · · · · · 0	1	2
Calls you "mama" or "dada" or similar name · · · · · · · · · · · · · · · · · · ·	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	1	2
Copies sounds that you make · · · · · · · · · · · · · · · · · · ·	1	2
Walks across a room without help · · · · · · · · · · · · · · · · · · ·	1	2
Follows directions - like "Come here" or "Give me the ball" · · · · · · · · · · · · · · · · · ·	1	2
Runs $\cdot$	1	2
Walks up stairs with help · · · · · · · · · · · · · · · · · · ·	1	2

### BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

Not a	t all Somewhat	Very Much
Does your child have a hard time being with new people? · · · · · · · @	1	2
Does your child have a hard time in new places? · · · · · · @	1	2
Does your child have a hard time with change? · · · · · · @	1	2
Does your child mind being held by other people? · · · · · @	1	2
Does your child cry a lot? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child have a hard time calming down? · · · · · · · · · · · · · ·	1	2
Is your child fussy or irritable? ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ⑥	1	2
Is it hard to comfort your child? ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	1	2
Is it hard to keep your child on a schedule or routine? · · · · · · · @	1	2
Is it hard to put your child to sleep? · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to get enough sleep because of your child? · · · · · · · · · · · · · ·	1	2
Does your child have trouble staying asleep? · · · · · · · · @	1	2



PARENT'S CONCERNS						
		Not At	All Somew	hat V	ery Much	
Do you have any concerns about your child's learning or de	evelopment?	· 0	0 0		0	
Do you have any concerns about your child's behavior?		$\circ$	$\circ$		$\circ$	
FAMILY QUESTIONS						
Because family members can have a big impact on your clyour family below:	nild's develo	pment, pleas	se answer a fev	v questio	ons about	
				Yes	No	
1 Does anyone who lives with your child smoke tobacco?	$\bigcirc$	N				
2 In the last year, have you ever drunk alcohol or used dru	$\bigcirc$	N				
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?						
4 Has a family member's drinking or drug use ever had a bad effect on your child?					N	
	1	Never true	Sometimes tr	ue O	ften true	
5 Within the past 12 months, we worried whether our food wo run out before we got money to buy more.	ould	0	0		0	
Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly	every day	
6 Having little interest or pleasure in doing things?	0	1	2		3	
7 Feeling down, depressed, or hopeless?	0	1	2		3	
In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not ap	oplicable	
<b>9</b> Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not ap	oplicable	
10 During the past week, how many days did you or other family members read to your child?	0	1 2	3 4	5 6	7	



Child's Name:
Birth Date:
Today's Date:

### **DEVELOPMENTAL MILESTONES**

Most childre	en at this	age will b	e able to	do some	(but not al	I) of the	developn	nental ta	isks lis	sted below.	Please te	ıll us
how much y	your child	d is doing	each of th	ese thing	s. PLEAS	E BE SU	JRE TO A	NSWEF	R ALL	THE QUES	STIONS.	

Not Ye	t Somewhat	Very Much
Calls you "mama" or "dada" or similar name · · · · · · · · · · · · · · · ·	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	1	2
Copies sounds that you make · · · · · · · · · · · · · · · · · · ·	1	2
Walks across a room without help · · · · · · · · · · · · · · · · · · ·	1	2
Follows directions - like "Come here" or "Give me the ball" · · · · ①	1	2
Runs $\cdot$	1	2
Walks up stairs with help · · · · · · · · · · · · · · · · · · ·	1	2
Kicks a ball · · · · · · · · · · · · · · · · · ·	1	2
Names at least 5 familiar objects - like ball or milk · · · · · · · · · · · · · · · ·	1	2
Names at least 5 body parts - like nose, hand, or tummy · · · · · · · · · · · · · · · · · ·	1	2

### BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

N	ot at all	Somewhat	Very Much
Does your child have a hard time being with new people? · · ·	• (0)	1	2
Does your child have a hard time in new places? · · · · ·	0	1	2
Does your child have a hard time with change? · · · · ·	0	1	2
Does your child mind being held by other people? · · · · ·	0	1	2
Does your child cry a lot? · · · · · · · · · · · · ·	0	1	2
Does your child have a hard time calming down? · · · · · ·	<b>o</b>	1	2
Is your child fussy or irritable? · · · · · · · · · · · ·	<b>o</b>	1	2
Is it hard to comfort your child? · · · · · · · · · ·	• (1)	1	2
Is it hard to keep your child on a schedule or routine? · · · ·	• (0)	1	2
Is it hard to put your child to sleep? · · · · · · · · ·	• (0)	1	2
Is it hard to get enough sleep because of your child? · · · · · ·	0	1	2
Does your child have trouble staying asleep? · · · · ·	0	1	2

PARENT'S CONCERNS					
		Not At	All Somew	hat Ve	ery Much
Do you have any concerns about your child's learning or de	evelopment?	?	$\circ$		0
Do you have any concerns about your child's behavior?		$\circ$	$\circ$		$\circ$
FAMILY QUESTIONS					
Because family members can have a big impact on your chyour family below:	nild's develo	pment, pleas	se answer a fev	v questio	ns about
				Yes	No
1 Does anyone who lives with your child smoke tobacco?				$\bigcirc$	N
2 In the last year, have you ever drunk alcohol or used dru	ugs more tha	an you mear	nt to?	$\bigcirc$	N
3 Have you felt you wanted or needed to cut down on you	r drinking or	drug use in	the last year?	$\bigcirc$	N
4 Has a family member's drinking or drug use ever had a	bad effect o	n your child'	?	$\bigcirc$	N
	j	Never true	Sometimes tr	ue O	ften true
<b>5</b> Within the past 12 months, we worried whether our food wo run out before we got money to buy more.	uld	0	0		0
Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly	every day
6 Having little interest or pleasure in doing things?	0	1	2		3
7 Feeling down, depressed, or hopeless?	0	1	2		3
In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not ap	oplicable
<b>9</b> Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not ap	oplicable
10 During the past week, how many days did you or other family members read to your child?	0	1 2	3 4	5 6	7



## SWYC: 18 months

18 months, 0 days to 22 months, 31 days *V1.08*, *12/20/19* 

Child's Name:	
Birth Date:	
Todav's Date:	

### **DEVELOPMENTAL MILESTONES**

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

Not Yet	Somewhat	Very Much
Runs $\cdot$	1	2
Walks up stairs with help · · · · · · · · · · · · · · · · · · ·	1	2
Kicks a ball · · · · · · · · · · · · · · · · · ·	1	2
Names at least 5 familiar objects - like ball or milk · · · · · · · · · · · · · · · · · · ·	1	2
Names at least 5 body parts - like nose, hand, or tummy · · · · · · · · · · · · · · · · · ·	1	2
Climbs up a ladder at a playground · · · · · · · · · · · · · · · · · · ·	1	2
Uses words like "me" or "mine" · · · · · · · · · · · · · · · · · · ·	1	2
Jumps off the ground with two feet · · · · · · · · · · · · · · · · · ·	1	2
Puts 2 or more words together - like "more water" or "go outside" · · · ①	1	2
Uses words to ask for help · · · · · · · · · · · · · · · · · · ·	1	2

### PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

	Not at all	Somewhat	Very Much
Does your child	Seem nervous or afraid? · · · · · · · · · · · · · · · · · · ·	1	2
	Seem sad or unhappy? · · · · · · · · · · · · · · · · · · ·	1	2
	Get upset if things are not done in a certain way? • 0	1	2
	Have a hard time with change? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble playing with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Break things on purpose? · · · · · · · · · · · · · · · · · · ·	1	2
	Fight with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble paying attention? · · · · · · · · · · · · · · · · · · ·	1	2
	Have a hard time calming down? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble staying with one activity? · · · · · · · · · · · · · · · · · · ·	1	2
ls your child	Aggressive? · · · · · · · · · · · · · · · · · · ·	1	2
	Fidgety or unable to sit still? · · · · · · · · · · · · · · · · · ·	1	2
	Angry? · · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to	Take your child out in public? · · · · · · · · · · · · · · · ·	1	2
	Comfort your child? · · · · · · · · · · · · · · · · · · ·	1	2
	Know what your child needs? · · · · · · · · · · · · · · · · ·	1	2
	Keep your child on a schedule or routine? · · · · ·	1	2
	Get your child to obey you? · · · · · · · · · · · · · · · · ·	1	2



PARENT'S OBSERVATIONS OF SOC	JAL INTERAC	HONS (POSI,	)		
Does your child bring things to	•			Less than	Never
you to show them to you?	a day	a day	a week	_	
	Always	Usually	Sometimes	Rarely	Never
other children?	0	0	0	0	0
, , ,	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Does your child look at you when you	call	0	0	0	0
Does your child look if you point to something across the room?	0	0	0	0	0
How does your child <u>usually</u> show you something he or she wants?	for what he	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
(please check all that apply)					
What are your child's favorite play activities?	dolls or	books with	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)	a day a day on the motor you?  Always Usually Sometimes Rarely or child interested in playing with rothid interested in playing with rothid interested in playing with your child try to copy you?  In you say a word or wave your of the wants?  In you say a word or wave your of the wants?  In you say a word or wave your of the wants?  In you say a word or wave your of the wants?  In you say a word or wave your of the wants?  In you say a word or wave your of the wants?  In you say a word or wave your of the wants?  In you say a word or wave your of the wants?  In you say a word of wave you wants?  In you say a word of wave you wants?  In you say a word of wave you wants?  In you say a word of wave your child usually show you the wants?  In you say a word of the wants?  In you say a word of your child usually show you wants?  In your shild look if you point to ething across the room?  In you want are your child's favorite play activities?  In your shild wants wants?  In your shild wants wants?  In your shild wants wants?  In your shild wants wants wants?  In your shild wants want				
-	tion concerning the P	OSI, please see w	ww.theswyc.org/pos	i	
PARENT'S CONCERNS					
PARENT'S CONCERNS  Not At All Somewhat Very Much Do you have any concerns about your child's learning or development?					
Always Usually Sometimes a day Sometimes Sometimes and Sometimes Somet					
·	child's behavior	?	()	()	0
· · · · · · · · · · · · · · · · · · ·	i i	and the little of a co			
•	oig impact on yo	our chila's dev	elopment, plea	ase answer a te	w questions about
your fairilly below.					Yes No
1 Does anyone who lives with your ch	nild smoke toba	cco?			Ý N
2 In the last year, have you ever drun	k alcohol or use	ed druas more	e than vou mea	ant to?	(Y) (N)
		•	•		
·			_	•	
4 Has a fairling frientiber's drinking or c	ilug use evel il	au a bau enec	,		
5 Within the past 12 months, we worried	l whether our for	nd would	Never true	Sometimes t	ide Oileii lide
•		od Would	0	0	O
		Not at	all		Nearly every day
6 Having little interest or pleasure in o	doing things?	0	1	2	3
7 Feeling down, depressed, or hopele	ess?	0	1	2	3
I A	your relationsh	ID			Not applicable
<b>9</b> Do you and your partner work out a	rguments with:				Not applicable
40.0	P 1	U		U	U
	•		0 1 (	2 3 4	5 6 7



### SWYC:<sup>™</sup> 24 months

**23** months, **0** days to **28** months, **31** days *V1.08*, *12/20/19* 

Child's Name:	
Birth Date:	
Today's Date:	

### **DEVELOPMENTAL MILESTONES**

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

Not Ye	t Somewhat	Very Much
Names at least 5 body parts - like nose, hand, or tummy · · · · · ①	1	2
Climbs up a ladder at a playground · · · · · · · · · · · 0	1	2
Uses words like "me" or "mine" · · · · · · · · · · · · · · · · · · ·	1	2
Jumps off the ground with two feet · · · · · · · · · · · · · · · · · ·	1	2
Puts 2 or more words together - like "more water" or "go outside" · · · ①	1	2
Uses words to ask for help · · · · · · · · · · · · · · · · · · ·	1	2
Names at least one color · · · · · · · · · · · · · · · · · · ·	1	2
Tries to get you to watch by saying "Look at me" · · · · · · · · · · · · · · · ·	1	2
Says his or her first name when asked · · · · · · · · · · · · · · · · · · ·	1	2
Draws lines · · · · · · · · · · · · · · · · · · ·	1	2

### PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

	Not at all	Somewhat	Very Much
Does your child	Seem nervous or afraid? · · · · · · · · · · · · · · · · · · ·	1	2
	Seem sad or unhappy? · · · · · · · · · · · · · · · · · · ·	1	2
	Get upset if things are not done in a certain way? • 0	1	2
	Have a hard time with change? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble playing with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Break things on purpose? · · · · · · · · · · · · · · · · · · ·	1	2
	Fight with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble paying attention? · · · · · · · · · · · · · · · · · · ·	1	2
	Have a hard time calming down? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble staying with one activity? · · · · · · · · · · · · · · · · · · ·	1	2
ls your child	Aggressive? · · · · · · · · · · · · · · · · · · ·	1	2
	Fidgety or unable to sit still? · · · · · · · · · · · · · · · · · ·	1	2
	Angry? · · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to	Take your child out in public? · · · · · · · · · · · · · · ·	1	2
	Comfort your child? · · · · · · · · · · · · · · · · · · ·	1	2
	Know what your child needs? · · · · · · · · · · · · · · · · ·	1	2
	Keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·	1	2
	Get your child to obey you? · · · · · · · · · · · · · · · · · · ·	1	2



PARENT'S OBSERVATIONS OF SOC	JAL INTERAC	HONS (POSI,	)		
Does your child bring things to	Many times			Less than	Never
you to show them to you?	a day	a day	a week	once a week	
				0	0
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	ner children?				0
When you say a word or wave your hand, will your child try to copy you?	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Does your child look at you when you	call	0	0	0	0
his or her name? Does your child look if you point to something across the room?	0	0	0	0	0
How does your child <u>usually</u> show you something he or she wants?	Says a word Points to it Reaches Pulls me over for what he with one for it or puts my or she wants finger hand on it				Grunts, cries or screams
(please check all that apply)					
What are your child's favorite play activities?	Playing with dolls or stuffed anima	books with	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)					
For acknowledgments, validation, and other informat	tion concerning the P	OSI, please see w	ww.theswyc.org/pos	i	
PARENT'S CONCERNS					
			Not At	<u> </u>	hat Very Much
Do you have any concerns about your	•	•	ent?	O	O
Do you have any concerns about your	child's behavior	?	()	()	0
FAMILY QUESTIONS	i i	and the little of a co			
Because family members can have a by your family below:	oig impact on yo	our chila's dev	elopment, plea	ase answer a te	w questions about
your fairilly below.					Yes No
1 Does anyone who lives with your ch	nild smoke toba	cco?			Ý N
<b>2</b> In the last year, have you ever drun	k alcohol or use	ed druas more	e than vou mea	ant to?	(Y) (N)
3 Have you felt you wanted or needed		•	•		
4 Has a family member's drinking or o			_	•	<ul><li>⊙</li><li>N</li></ul>
4 Has a fairling frientiber's drinking or c	ilug use evel il	au a bau enec	Never true	Sometimes t	
5 Within the past 12 months, we worried	l whether our for	nd would	Never true	Sometimes t	ide Oileii lide
run out before we got money to buy m		od Would	0	0	O
Over the past two weeks, how often been bothered by any of the following		Not at	all Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in o	doing things?	0	1	2	3
7 Feeling down, depressed, or hopele	ess?	0	1	2	3
In general, how would you describe with your spouse/partner?	your relationsh	ip No tensio	Some tension	A lot of tension	Not applicable
<b>9</b> Do you and your partner work out a	rguments with:	No difficul	Some Ity difficulty	Great difficulty	Not applicable
40.0	P 1	U		U	U
10 During the past week, how many da or other family members read to you	•		0 1 (	2 3 4	5 6 7



## SWYC: 30 months

29 months, 0 days to 34 months, 31 days *V1.08*, *12/20/19* 

Child's Name:	
Birth Date:	
Today's Date:	

### **DEVELOPMENTAL MILESTONES**

Most childre	en at this ag	e will be al	ole to do so	me (but not a	II) of the	developmenta	I tasks list	ed below.	Please tell	us
how much y	our child is	doing each	n of these th	ings. PLEAS	E BE SU	RE TO ANSW	/ER ALL 7	THE QUES	TIONS.	

Not Yet	Somewhat	Very Much
Names at least one color · · · · · · · · · · · · · · · · · · ·	1	2
Tries to get you to watch by saying "Look at me" · · · · · · · · · · · ·	1	2
Says his or her first name when asked · · · · · · · · · · · · · · · · · ·	1	2
Draws lines · · · · · · · · · · · · · · · · · · ·	1	2
Talks so other people can understand him or her most of the time • • • • •	1	2
Washes and dries hands without help (even if you turn on the water) $\cdot$ $_{\odot}$	1	2
Asks questions beginning with "why" or "how" - like "Why no cookie?" $\cdot$ $_{\odot}$	1	2
Explains the reasons for things, like needing a sweater when it's cold $\cdot$ $_{\odot}$	1	2
Compares things - using words like "bigger" or "shorter" · · · · · · · · · · · · · ·	1	2
Answers questions like "What do you do when you are cold?"	1	2

### PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

	Not at all	Somewhat	Very Much
Does your child	Seem nervous or afraid? · · · · · · · · · · · · · · · · · · ·	1	2
	Seem sad or unhappy? · · · · · · · · · · 0	1	2
	Get upset if things are not done in a certain way? • 0	1	2
	Have a hard time with change? · · · · · · · · 0	1	2
	Have trouble playing with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Break things on purpose? · · · · · · · · · · · · · · · · · ·	1	2
	Fight with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble paying attention? · · · · · · · · ①	1	2
	Have a hard time calming down? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble staying with one activity? · · · · · ①	1	2
Is your child	Aggressive? · · · · · · · · · · · · · · · · · · ·	1	2
	Fidgety or unable to sit still? · · · · · · · · · ①	1	2
	Angry? · · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to	Take your child out in public? · · · · · · · · · · · · · · · · · · ·	1	2
	Comfort your child? · · · · · · · · · · · ①	1	2
	Know what your child needs? · · · · · · · •	1	2
	Keep your child on a schedule or routine? · · · · ①	1	2
	Get your child to obey you? · · · · · · · · · ①	1	2

PARENT'S OBSERVATIONS OF SOC	JAL INTERAC	HONS (POSI,	)		
Does your child bring things to	Many times			Less than	Never
you to show them to you?	a day	a day	a week	once a week	
				0	0
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	ner children?				0
When you say a word or wave your hand, will your child try to copy you?	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Does your child look at you when you	call	0	0	0	0
his or her name? Does your child look if you point to something across the room?	0	0	0	0	0
How does your child <u>usually</u> show you something he or she wants?	Says a word Points to it Reaches Pulls me over for what he with one for it or puts my or she wants finger hand on it				Grunts, cries or screams
(please check all that apply)					
What are your child's favorite play activities?	Playing with dolls or stuffed anima	books with	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)					
For acknowledgments, validation, and other informat	tion concerning the P	OSI, please see w	ww.theswyc.org/pos	i	
PARENT'S CONCERNS					
			Not At	<u> </u>	hat Very Much
Do you have any concerns about your	•	•	ent?	O	O
Do you have any concerns about your	child's behavior	?	()	()	0
FAMILY QUESTIONS	i i	and the little of a co			
Because family members can have a by your family below:	oig impact on yo	our chila's dev	elopment, plea	ase answer a te	w questions about
your fairilly below.					Yes No
1 Does anyone who lives with your ch	nild smoke toba	cco?			Ý N
<b>2</b> In the last year, have you ever drun	k alcohol or use	ed druas more	e than vou mea	ant to?	(Y) (N)
3 Have you felt you wanted or needed		•	•		
4 Has a family member's drinking or o			_	•	<ul><li>⊙</li><li>N</li></ul>
4 Has a fairling frientiber's drinking or c	ilug use evel il	au a bau enec	Never true	Sometimes t	
5 Within the past 12 months, we worried	l whether our for	nd would	Never true	Sometimes t	ide Oileii lide
run out before we got money to buy m		od Would	0	0	O
Over the past two weeks, how often been bothered by any of the following		Not at	all Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in o	doing things?	0	1	2	3
7 Feeling down, depressed, or hopele	ess?	0	1	2	3
In general, how would you describe with your spouse/partner?	your relationsh	ip No tensio	Some tension	A lot of tension	Not applicable
<b>9</b> Do you and your partner work out a	rguments with:	No difficul	Some Ity difficulty	Great difficulty	Not applicable
40.0	P 1	U		U	U
10 During the past week, how many da or other family members read to you	•		0 1 (	2 3 4	5 6 7



### SWYC:<sup>™</sup> 36 months

**35 months, 0 days to 46 months, 31 days** *V1.08, 12/20/19* 

Child's Name:
Birth Date:
Today's Date:

#### **DEVELOPMENTAL MILESTONES**

Most childre	en at this	age will b	e able to c	o some	(but not a	I) of the	developr	nental ta	isks liste	ed below.	Please to	ell us
how much	your child	d is doing e	each of the	se thing	s. PLEAS	E BE SI	JRE TO A	ANSWER	R ALL T	HE QUES	STIONS.	

No	ot Yet	Somewhat	Very Much
Talks so other people can understand him or her most of the time	0	1	2
Washes and dries hands without help (even if you turn on the water) ·	0	1	2
Asks questions beginning with "why" or "how" - like "Why no cookie?" ·	0	1	2
Explains the reasons for things, like needing a sweater when it's cold $\cdot$	0	1	2
Compares things - using words like "bigger" or "shorter" · · · ·	0	1	2
Answers questions like "What do you do when you are cold?" or "when you are sleepy?"	0	1)	2
Tells you a story from a book or tv · · · · · · · · · · · ·	0	1	2
Draws simple shapes - like a circle or a square · · · · · · · · ·	0	1	2
Says words like "feet" for more than one foot and "men" for more than one man	0	1	2
Uses words like "yesterday" and "tomorrow" correctly · · · · ·	0	1	2

### PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

	Not at all	Somewhat	Very Much
Does your child	Seem nervous or afraid? · · · · · · · · · · · · · · · · · · ·	1	2
	Seem sad or unhappy? · · · · · · · · · · · · · · · · · · ·	1	2
	Get upset if things are not done in a certain way? • 0	1	2
	Have a hard time with change? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble playing with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Break things on purpose? · · · · · · · · · · · · · · · · · · ·	1	2
	Fight with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble paying attention? · · · · · · · · · · · · · · · · · · ·	1	2
	Have a hard time calming down? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble staying with one activity? · · · · · · · · · · · · · · · · · · ·	1	2
ls your child	Aggressive? · · · · · · · · · · · · · · · · · · ·	1	2
	Fidgety or unable to sit still? · · · · · · · · · · · · · · · · · ·	1	2
	Angry? · · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to	Take your child out in public? · · · · · · · · · · · · · · · · · · ·	1	2
	Comfort your child? · · · · · · · · · · · · · · · · · · ·	1	2
	Know what your child needs? · · · · · · · · · · · · · · · · ·	1	2
	Keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·	1	2
	Get your child to obey you? · · · · · · · · · · · · · · · · ·	1	2

PARENT'S CONCERNS		Not At	All Somew	hat Ve	ery Much			
Do you have any concerns about your child's learning or d	? 0	0 0		0				
Do you have any concerns about your child's behavior?		0	$\circ$		0			
FAMILY QUESTIONS								
Because family members can have a big impact on your child's development, please answer a few questions about your family below:								
				Yes	No			
1 Does anyone who lives with your child smoke tobacco?	•			$\bigcirc$	N			
2 In the last year, have you ever drunk alcohol or used dr	rugs more tha	an you meai	nt to?	$\bigcirc$	N			
3 Have you felt you wanted or needed to cut down on you	ur drinking or	drug use in	the last year?	$\bigcirc$	N			
4 Has a family member's drinking or drug use ever had a	bad effect o	n your child'	?	$\bigcirc$	N			
	ue Of	ten true						
<b>5</b> Within the past 12 months, we worried whether our food we run out before we got money to buy more.	ould	0	0		0			
Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly (	every day			
6 Having little interest or pleasure in doing things?	0	1	2		3			
7 Feeling down, depressed, or hopeless?	0	1	2	!	3			
8 In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not ap	plicable			
<b>9</b> Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not ap	plicable			
10 During the past week, how many days did you or other family members read to your child?	0	1 2	3 4 (	5 6	7			



# SWYC: 48 months

**47** months, **0** days to **58** months, **31** days *V1.08*, *12/20/19* 

Child's Name:	
Birth Date:	
Today's Date:	

### **DEVELOPMENTAL MILESTONES**

Most childre	en at this a	ige will be	able to do s	ome (but	not all)	of the d	developme	ental tasks	listed below	. Please te	ll us
how much	your child i	s doing ea	ch of these	things. Pl	LEASE I	BE SUF	RE TO AN	<b>ISWER AL</b>	L THE QUE	STIONS	

Not Ye	et Somewhat	Very Much
Compares things - using words like "bigger" or "shorter" · · · · · · · · · · · · · · · · · · ·	1	2
Answers questions like "What do you do when you are cold?" or "when you are sleepy?"	1	2
Tells you a story from a book or tv · · · · · · · · · · · · ·	1	2
Draws simple shapes - like a circle or a square · · · · · · · · · · · · · · · · · · ·	1	2
Says words like "feet" for more than one foot and "men" for more than one man	1	2
Uses words like "yesterday" and "tomorrow" correctly · · · · · · · ①	1	2
Stays dry all night · · · · · · · · · · · · · · · · · · ·	1	2
Follows simple rules when playing a board game or card game $\cdot\cdot$ $$	1	2
Prints his or her name · · · · · · · · · · · · · · · · · · ·	1	2
Draws pictures you recognize · · · · · · · · · · · · · · · · · · ·	1)	2

### PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

	Not at all	Somewhat	Very Much
Does your child	Seem nervous or afraid? · · · · · · · · · · · · · · · · ·	1	2
	Seem sad or unhappy? · · · · · · · · · · · · · · · · ·	1	2
	Get upset if things are not done in a certain way? •	1	2
	Have a hard time with change? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble playing with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Break things on purpose? · · · · · · · · · · · · · · · ·	1	2
	Fight with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble paying attention? · · · · · · · · · · · · · · · ·	1	2
	Have a hard time calming down? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble staying with one activity? · · · · · · · · · · · · · · · · · · ·	1	2
ls your child	Aggressive? · · · · · · · · · · · · · · · · · · ·	1	2
	Fidgety or unable to sit still? · · · · · · · · · · · · · · · · · ·	1	2
	Angry? · · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to	Take your child out in public? · · · · · · · · · · · · · · ·	1	2
	Comfort your child? · · · · · · · · · · · · · · · · · · ·	1	2
	Know what your child needs? · · · · · · · · · · · · · · · ·	1	2
	Keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·	1	2
	Get your child to obey you? · · · · · · · · · · · · · · ·	1	2



PARENT'S CONCERNS					
AKENTOGONGERNO		Not At	All Somew	hat Ve	ery Much
Do you have any concerns about your child's learning or de	evelopment?	, 0	0		0
Do you have any concerns about your child's behavior?	·	0	0		0
FAMILY QUESTIONS					
Because family members can have a big impact on your chyour family below:	nild's develop	pment, pleas	se answer a fev	v questio	ns about
				Yes	No
1 Does anyone who lives with your child smoke tobacco?				$\bigcirc$	N
2 In the last year, have you ever drunk alcohol or used dru	ugs more tha	an you mear	nt to?	$\bigcirc$	N
3 Have you felt you wanted or needed to cut down on you	r drinking or	drug use in	the last year?	$\bigcirc$	N
4 Has a family member's drinking or drug use ever had a	bad effect or	n your child	?	$\bigcirc$	N
		lever true	Sometimes tr	ue Of	ften true
<b>5</b> Within the past 12 months, we worried whether our food wo run out before we got money to buy more.	uld	0	0		0
Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly	every day
6 Having little interest or pleasure in doing things?	0	1	2		3
7 Feeling down, depressed, or hopeless?	0	1	2		3
8 In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not ap	oplicable
<b>9</b> Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not ap	oplicable
10 During the past week, how many days did you or	(i)	(1) (2)	(3) (4) (5)	5) (6)	(7)
other family members read to your child?	© '				



# SWYC: 60 months

**59** months, **0** days to **65** months, **31** days *V1.08*, *12/20/19* 

Child's Name:
Birth Date:
Today's Date:

### **DEVELOPMENTAL MILESTONES**

Most childre	en at this	age will be	e able to do	some	(but not all	) of the	developmenta	al tasks	listed below.	Please te	ell us
how much	your child	is doing e	ach of the	se things	s. PLEASE	BE SU	<b>RE TO ANSV</b>	VER AL	L THE QUES	STIONS.	

Not Yet	Somewhat	Very Much
Tells you a story from a book or tv · · · · · · · · · · · · · · · ·	1	2
Draws simple shapes - like a circle or a square · · · · · · · · · · · · · · · · · · ·	1	2
Says words like "feet" for more than one foot	1	2
Uses words like "yesterday" and "tomorrow" correctly · · · · · · · · · · · · · ·	1	2
Stays dry all night · · · · · · · · · · · · · · · · · · ·	1	2
Follows simple rules when playing a board game or card game $\cdot\cdot$ $$ $$ $$	1	2
Prints his or her name · · · · · · · · · · · · · · · · · · ·	1	2
Draws pictures you recognize · · · · · · · · · · · · · · · · · · ·	1	2
Stays in the lines when coloring · · · · · · · · · · · · · · · · · · ·	1	2
Names the days of the week in the correct order · · · · · · · · · · · · · · · · · · ·	1	2

### PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

	Not at all	Somewhat	Very Much
Does your child	Seem nervous or afraid? · · · · · · · · · · · · · · · · · · ·	1	2
	Seem sad or unhappy? · · · · · · · · · · · · · · · · ·	1	2
	Get upset if things are not done in a certain way? •	1	2
	Have a hard time with change? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble playing with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Break things on purpose? · · · · · · · · · · · · · · · ·	1	2
	Fight with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble paying attention? · · · · · · · · · · · · · · · · · · ·	1	2
	Have a hard time calming down? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble staying with one activity? · · · · · · · · · · · · · · · · · · ·	1	2
ls your child	Aggressive? · · · · · · · · · · · · · · · · · · ·	1	2
	Fidgety or unable to sit still? · · · · · · · · · · · · · · · · · ·	1	2
	Angry? · · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to	Take your child out in public? · · · · · · · · · · · · · · ·	1	2
	Comfort your child? · · · · · · · · · · · · · · · · · · ·	1	2
	Know what your child needs? · · · · · · · · · · · · · · · · ·	1	2
	Keep your child on a schedule or routine? · · · · · · · · · · · · · · · · · · ·	1	2
	Get your child to obey you? · · · · · · · · · · · · · · · · · · ·	1	2



PARENT'S CONCERNS					
		Not At	All Somew	hat Ver	y Much
Do you have any concerns about your child's learning or d	levelopment?	· O	$\circ$	) (	
Do you have any concerns about your child's behavior?		$\circ$	$\circ$		$\circ$
FAMILY QUESTIONS					
Because family members can have a big impact on your cyour family below:	hild's develo	pment, plea	se answer a fev	v question	s about
				Yes	No
1 Does anyone who lives with your child smoke tobacco?	)			$\bigcirc$	N
2 In the last year, have you ever drunk alcohol or used dr	ugs more tha	an you meai	nt to?	$\bigcirc$	N
3 Have you felt you wanted or needed to cut down on you	$\bigcirc$	N			
4 Has a family member's drinking or drug use ever had a	bad effect of	n your child'	?	$\bigcirc$	N
	N	ever true	Sometimes tr	ue Oft	en true
<b>5</b> Within the past 12 months, we worried whether our food wo run out before we got money to buy more.	ould	0	0		0
Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly e	very day
6 Having little interest or pleasure in doing things?	(0)	1	2	(3	
7 Feeling down, depressed, or hopeless?	0	1	2	(3	
In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not app	olicable
<b>9</b> Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not app	olicable
10 During the past week, how many days did you or other family members read to your child?	0	1 2	3 4	5 6	7