



# SWYC: 2 months

1 months, 0 days to 3 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Makes sounds that let you know he or she is happy or upset . . . . .	0	1	2
Seems happy to see you . . . . .	0	1	2
Follows a moving toy with his or her eyes . . . . .	0	1	2
Turns head to find the person who is talking . . . . .	0	1	2
Holds head steady when being pulled up to a sitting position . . . . .	0	1	2
Brings hands together . . . . .	0	1	2
Laughs . . . . .	0	1	2
Keeps head steady when held in a sitting position . . . . .	0	1	2
Makes sounds like "ga," "ma," and "ba" . . . . .	0	1	2
Looks when you call his or her name . . . . .	0	1	2

## BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	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? . . . . .	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? . . . . .	0	1	2
Is your child fussy or irritable? . . . . .	0	1	2
Is it hard to comfort your child? . . . . .	0	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	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

**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
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# SWYC: 4 months

4 months, 0 days to 5 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Holds head steady when being pulled up to a sitting position . . . . .	0	1	2
Brings hands together . . . . .	0	1	2
Laughs . . . . .	0	1	2
Keeps head steady when held in a sitting position . . . . .	0	1	2
Makes sounds like "ga," "ma," or "ba" . . . . .	0	1	2
Looks when you call his or her name . . . . .	0	1	2
Rolls over . . . . .	0	1	2
Passes a toy from one hand to the other . . . . .	0	1	2
Looks for you or another caregiver when upset . . . . .	0	1	2
Holds two objects and bangs them together . . . . .	0	1	2

## BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	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? . . . . .	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? . . . . .	0	1	2
Is your child fussy or irritable? . . . . .	0	1	2
Is it hard to comfort your child? . . . . .	0	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

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**PARENT'S CONCERNS**

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

  

<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# SWYC: 6 months

6 months, 0 days to 8 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Makes sounds like "ga," "ma," or "ba" . . . . .	0	1	2
Looks when you call his or her name . . . . .	0	1	2
Rolls over . . . . .	0	1	2
Passes a toy from one hand to the other . . . . .	0	1	2
Looks for you or another caregiver when upset . . . . .	0	1	2
Holds two objects and bangs them together . . . . .	0	1	2
Holds up arms to be picked up . . . . .	0	1	2
Gets into a sitting position by him or herself . . . . .	0	1	2
Picks up food and eats it . . . . .	0	1	2
Pulls up to standing . . . . .	0	1	2

## BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	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? . . . . .	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? . . . . .	0	1	2
Is your child fussy or irritable? . . . . .	0	1	2
Is it hard to comfort your child? . . . . .	0	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

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**PARENT'S CONCERNS**

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

  

<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# SWYC: 9 months

9 months, 0 days to 11 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Holds up arms to be picked up . . . . .	0	1	2
Gets into a sitting position by him or herself . . . . .	0	1	2
Picks up food and eats it . . . . .	0	1	2
Pulls up to standing . . . . .	0	1	2
Plays games like "peek-a-boo" or "pat-a-cake" . . . . .	0	1	2
Calls you "mama" or "dada" or similar name . . . . .	0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?" . . . . .	0	1	2
Copies sounds that you make . . . . .	0	1	2
Walks across a room without help . . . . .	0	1	2
Follows directions - like "Come here" or "Give me the ball" . . . . .	0	1	2

## BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	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? . . . . .	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? . . . . .	0	1	2
Is your child fussy or irritable? . . . . .	0	1	2
Is it hard to comfort your child? . . . . .	0	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

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**PARENT'S CONCERNS**

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

  

<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# SWYC: 12 months

12 months, 0 days to 14 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

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

## BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	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? . . . . .	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? . . . . .	0	1	2
Is your child fussy or irritable? . . . . .	0	1	2
Is it hard to comfort your child? . . . . .	0	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

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**PARENT'S CONCERNS**

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

**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
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8** In general, how would you describe your relationship with your spouse/partner?

No tension	Some tension	A lot of tension	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9** Do you and your partner work out arguments with:

No difficulty	Some difficulty	Great difficulty	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# SWYC: 15 months

15 months, 0 days to 17 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Calls you "mama" or "dada" or similar name . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?" . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Copies sounds that you make . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Walks across a room without help . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Follows directions - like "Come here" or "Give me the ball" . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Runs . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Walks up stairs with help . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Kicks a ball . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Names at least 5 familiar objects - like ball or milk . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Names at least 5 body parts - like nose, hand, or tummy . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

## BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child have a hard time in new places? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child have a hard time with change? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child mind being held by other people? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child cry a lot? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child have a hard time calming down? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is your child fussy or irritable? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is it hard to comfort your child? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is it hard to keep your child on a schedule or routine? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is it hard to put your child to sleep? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is it hard to get enough sleep because of your child? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child have trouble staying asleep? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**PARENT'S CONCERNS**

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

  

<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# SWYC: 18 months

18 months, 0 days to 22 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Runs . . . . .	0	1	2
Walks up stairs with help . . . . .	0	1	2
Kicks a ball . . . . .	0	1	2
Names at least 5 familiar objects - like ball or milk . . . . .	0	1	2
Names at least 5 body parts - like nose, hand, or tummy . . . . .	0	1	2
Climbs up a ladder at a playground . . . . .	0	1	2
Uses words like "me" or "mine" . . . . .	0	1	2
Jumps off the ground with two feet . . . . .	0	1	2
Puts 2 or more words together - like "more water" or "go outside" . . . . .	0	1	2
Uses words to ask for help . . . . .	0	1	2

## PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
<b>Does your child...</b> Seem nervous or afraid? . . . . .	0	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? . . . . .	0	1	2
Break things on purpose? . . . . .	0	1	2
Fight with other children? . . . . .	0	1	2
Have trouble paying attention? . . . . .	0	1	2
Have a hard time calming down? . . . . .	0	1	2
Have trouble staying with one activity? . . . . .	0	1	2
<b>Is your child...</b> Aggressive? . . . . .	0	1	2
Fidgety or unable to sit still? . . . . .	0	1	2
Angry? . . . . .	0	1	2
<b>Is it hard to...</b> Take your child out in public? . . . . .	0	1	2
Comfort your child? . . . . .	0	1	2
Know what your child needs? . . . . .	0	1	2
Keep your child on a schedule or routine? . . . . .	0	1	2
Get your child to obey you? . . . . .	0	1	2

\*\*\*\*\* Please continue on the back \*\*\*\*\*

### PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

Does your child bring things to you to show them to you?	Many times a day <input type="radio"/>	A few times a day <input type="radio"/>	A few times a week <input type="radio"/>	Less than once a week <input type="radio"/>	Never <input type="radio"/>
Is your child interested in playing with other children?	Always <input type="radio"/>	Usually <input type="radio"/>	Sometimes <input type="radio"/>	Rarely <input type="radio"/>	Never <input type="radio"/>
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look at you when you call his or her name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look if you point to something across the room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants <input type="checkbox"/>	Points to it with one finger <input type="checkbox"/>	Reaches for it <input type="checkbox"/>	Pulls me over or puts my hand on it <input type="checkbox"/>	Grunts, cries or screams <input type="checkbox"/>
<i>(please check all that apply)</i>					
What are your child's favorite play activities?	Playing with dolls or stuffed animals <input type="checkbox"/>	Reading books with you <input type="checkbox"/>	Climbing, running and being active <input type="checkbox"/>	Lining up toys or other things <input type="checkbox"/>	Watching things go round and round like fans or wheels <input type="checkbox"/>
<i>(please check all that apply)</i>					

### PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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 smoke tobacco at home?	<input type="radio"/>	<input type="radio"/>		
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/>	<input type="radio"/>		
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/>	<input type="radio"/>		
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/>	<input type="radio"/>		
5 In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/>	<input type="radio"/>		
<b>Over the past two weeks, how often have you been bothered by any of the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 In general, how would you describe your relationship with your spouse/partner?	No tension <input type="radio"/>	Some tension <input type="radio"/>	A lot of tension <input type="radio"/>	Not applicable <input type="radio"/>
9 Do you and your partner work out arguments with:	No difficulty <input type="radio"/>	Some difficulty <input type="radio"/>	Great difficulty <input type="radio"/>	Not applicable <input type="radio"/>



# SWYC: 24 months

23 months, 0 days to 28 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

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

## PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

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

### PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

Does your child bring things to you to show them to you?	Many times a day <input type="radio"/>	A few times a day <input type="radio"/>	A few times a week <input type="radio"/>	Less than once a week <input type="radio"/>	Never <input type="radio"/>
Is your child interested in playing with other children?	Always <input type="radio"/>	Usually <input type="radio"/>	Sometimes <input type="radio"/>	Rarely <input type="radio"/>	Never <input type="radio"/>
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look at you when you call his or her name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look if you point to something across the room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants <input type="checkbox"/>	Points to it with one finger <input type="checkbox"/>	Reaches for it <input type="checkbox"/>	Pulls me over or puts my hand on it <input type="checkbox"/>	Grunts, cries or screams <input type="checkbox"/>
<i>(please check all that apply)</i>					
What are your child's favorite play activities?	Playing with dolls or stuffed animals <input type="checkbox"/>	Reading books with you <input type="checkbox"/>	Climbing, running and being active <input type="checkbox"/>	Lining up toys or other things <input type="checkbox"/>	Watching things go round and round like fans or wheels <input type="checkbox"/>
<i>(please check all that apply)</i>					

### PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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 smoke tobacco at home?	<input type="radio"/>	<input type="radio"/>		
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/>	<input type="radio"/>		
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/>	<input type="radio"/>		
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/>	<input type="radio"/>		
5 In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/>	<input type="radio"/>		
<b>Over the past two weeks, how often have you been bothered by any of the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 In general, how would you describe your relationship with your spouse/partner?	No tension <input type="radio"/>	Some tension <input type="radio"/>	A lot of tension <input type="radio"/>	Not applicable <input type="radio"/>
9 Do you and your partner work out arguments with:	No difficulty <input type="radio"/>	Some difficulty <input type="radio"/>	Great difficulty <input type="radio"/>	Not applicable <input type="radio"/>



# SWYC: 30 months

29 months, 0 days to 34 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Names at least one color . . . . .	0	1	2
Tries to get you to watch by saying "Look at me" . . . . .	0	1	2
Says his or her first name when asked . . . . .	0	1	2
Draws lines . . . . .	0	1	2
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 . . . . .	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

## PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
<b>Does your child...</b> Seem nervous or afraid? . . . . .	0	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? . . . . .	0	1	2
Break things on purpose? . . . . .	0	1	2
Fight with other children? . . . . .	0	1	2
Have trouble paying attention? . . . . .	0	1	2
Have a hard time calming down? . . . . .	0	1	2
Have trouble staying with one activity? . . . . .	0	1	2
<b>Is your child...</b> Aggressive? . . . . .	0	1	2
Fidgety or unable to sit still? . . . . .	0	1	2
Angry? . . . . .	0	1	2
<b>Is it hard to...</b> Take your child out in public? . . . . .	0	1	2
Comfort your child? . . . . .	0	1	2
Know what your child needs? . . . . .	0	1	2
Keep your child on a schedule or routine? . . . . .	0	1	2
Get your child to obey you? . . . . .	0	1	2

\*\*\*\*\* Please continue on the back \*\*\*\*\*

### PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

Does your child bring things to you to show them to you?	Many times a day <input type="radio"/>	A few times a day <input type="radio"/>	A few times a week <input type="radio"/>	Less than once a week <input type="radio"/>	Never <input type="radio"/>
Is your child interested in playing with other children?	Always <input type="radio"/>	Usually <input type="radio"/>	Sometimes <input type="radio"/>	Rarely <input type="radio"/>	Never <input type="radio"/>
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look at you when you call his or her name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look if you point to something across the room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants <input type="checkbox"/>	Points to it with one finger <input type="checkbox"/>	Reaches for it <input type="checkbox"/>	Pulls me over or puts my hand on it <input type="checkbox"/>	Grunts, cries or screams <input type="checkbox"/>
<i>(please check all that apply)</i>					
What are your child's favorite play activities?	Playing with dolls or stuffed animals <input type="checkbox"/>	Reading books with you <input type="checkbox"/>	Climbing, running and being active <input type="checkbox"/>	Lining up toys or other things <input type="checkbox"/>	Watching things go round and round like fans or wheels <input type="checkbox"/>
<i>(please check all that apply)</i>					

### PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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 smoke tobacco at home?	<input type="radio"/>	<input type="radio"/>		
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/>	<input type="radio"/>		
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/>	<input type="radio"/>		
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/>	<input type="radio"/>		
5 In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/>	<input type="radio"/>		
<b>Over the past two weeks, how often have you been bothered by any of the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 In general, how would you describe your relationship with your spouse/partner?	No tension <input type="radio"/>	Some tension <input type="radio"/>	A lot of tension <input type="radio"/>	Not applicable <input type="radio"/>
9 Do you and your partner work out arguments with:	No difficulty <input type="radio"/>	Some difficulty <input type="radio"/>	Great difficulty <input type="radio"/>	Not applicable <input type="radio"/>



# SWYC: 36 months

35 months, 0 days to 46 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Talks so other people can understand him or her most of the time . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Washes and dries hands without help (even if you turn on the water) . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Asks questions beginning with "why" or "how" - like "Why no cookie?" . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Explains the reasons for things, like needing a sweater when it's cold . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Compares things - using words like "bigger" or "shorter" . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Answers questions like "What do you do when you are cold?" or "...when you are sleepy?" . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Tells you a story from a book or tv . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Draws simple shapes - like a circle or a square . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Says words like "feet" for more than one foot . . . . . and "men" for more than one man	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Uses words like "yesterday" and "tomorrow" correctly . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

## PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

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

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**PARENT'S CONCERNS**

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

  

<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# SWYC: 48 months

47 months, 0 days to 58 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
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
Stays dry all night . . . . .	0	1	2
Follows simple rules when playing a board game or card game . . . . .	0	1	2
Prints his or her name . . . . .	0	1	2
Draws pictures you recognize . . . . .	0	1	2

## PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
<b>Does your child...</b> Seem nervous or afraid? . . . . .	0	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? . . . . .	0	1	2
Break things on purpose? . . . . .	0	1	2
Fight with other children? . . . . .	0	1	2
Have trouble paying attention? . . . . .	0	1	2
Have a hard time calming down? . . . . .	0	1	2
Have trouble staying with one activity? . . . . .	0	1	2
<b>Is your child...</b> Aggressive? . . . . .	0	1	2
Fidgety or unable to sit still? . . . . .	0	1	2
Angry? . . . . .	0	1	2
<b>Is it hard to...</b> Take your child out in public? . . . . .	0	1	2
Comfort your child? . . . . .	0	1	2
Know what your child needs? . . . . .	0	1	2
Keep your child on a schedule or routine? . . . . .	0	1	2
Get your child to obey you? . . . . .	0	1	2

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**PARENT'S CONCERNS**

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

  

<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# SWYC: 60 months

59 months, 0 days to 65 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
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
Stays dry all night . . . . .	0	1	2
Follows simple rules when playing a board game or card game . . . . .	0	1	2
Prints his or her name . . . . .	0	1	2
Draws pictures you recognize . . . . .	0	1	2
Stays in the lines when coloring . . . . .	0	1	2
Names the days of the week in the correct order . . . . .	0	1	2

## PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
<b>Does your child...</b> Seem nervous or afraid? . . . . .	0	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? . . . . .	0	1	2
Break things on purpose? . . . . .	0	1	2
Fight with other children? . . . . .	0	1	2
Have trouble paying attention? . . . . .	0	1	2
Have a hard time calming down? . . . . .	0	1	2
Have trouble staying with one activity? . . . . .	0	1	2
<b>Is your child...</b> Aggressive? . . . . .	0	1	2
Fidgety or unable to sit still? . . . . .	0	1	2
Angry? . . . . .	0	1	2
<b>Is it hard to...</b> Take your child out in public? . . . . .	0	1	2
Comfort your child? . . . . .	0	1	2
Know what your child needs? . . . . .	0	1	2
Keep your child on a schedule or routine? . . . . .	0	1	2
Get your child to obey you? . . . . .	0	1	2

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**PARENT'S CONCERNS**

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
<b>3</b> Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
<b>4</b> Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N
<b>5</b> In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

  

<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>