



SWYC: 18 months

18 months, 0 days to 22 months, 31 days
V1.08, 9/1/19

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.

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
Does your child...	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
Is your child...	Aggressive?	•	0	1	2
	Fidgety or unable to sit still?	•	0	1	2
	Angry?	•	0	1	2
Is it hard to...	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

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
	<input type="radio"/>				
Always	Usually	Sometimes	Rarely	Never	
Does your child bring things to you to show them to you?	<input type="radio"/>				
Is your child interested in playing with other children?	<input type="radio"/>				
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>				
Does your child look at you when you call his or her name?	<input type="radio"/>				
Does your child look if you point to something across the room?	<input type="radio"/>				

How does your child <u>usually</u> show you something he or she wants? (please check all that apply)	<input type="checkbox"/> 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
What are your child's favorite play activities? (please check all that apply)	<input type="checkbox"/> 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

For acknowledgments, validation, and other information concerning the POSI, please see www.thewyc.org/posi

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 who lives with your child smoke tobacco?	<input type="radio"/> Y	<input type="radio"/> N	
2 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	
3 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	
4 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	
	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3				
7 Feeling down, depressed, or hopeless?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3				
8 In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/> No tension	<input type="radio"/> Some tension	<input type="radio"/> A lot of tension	<input type="radio"/> Not applicable				
9 Do you and your partner work out arguments with:	<input type="radio"/> No difficulty	<input type="radio"/> Some difficulty	<input type="radio"/> Great difficulty	<input type="radio"/> Not applicable				
10 During the past week, how many days did you or other family members read to your child?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7