



SWYC: 24 months

23 months, 0 days to 28 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.

| | Not Yet | Somewhat | Very Much |
|---|---------|----------|-----------|
| 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 |
| 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 |

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 |

| | | | | | |
|---|--|---|--|---|---|
| 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 | Points to it with one finger | Reaches for it | Pulls me over or puts my hand on it | Grunts, cries or screams |
| <i>(please check all that apply)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What are your child's favorite play activities? | Playing with dolls or stuffed animals | Reading books with you | Climbing, running and being active | Lining up toys or other things | Watching things go round and round like fans or wheels |
| <i>(please check all that apply)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi | | | | | |

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| | 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"/> |

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"/> |

| <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 |
|---|-------------------|---------------------|--------------------------------|-------------------------|
| 6 Having little interest or pleasure in doing things? | ① | ② | ③ | ④ |
| 7 Feeling down, depressed, or hopeless? | ① | ② | ③ | ④ |

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

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