



# SWYC:<sup>TM</sup>

## 36 months

35 months, 0 days to 46 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 |
|--|---------|----------|-----------|
| 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?" . . .<br>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 . . . . .<br>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)

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         |

| 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?  | (Y)                         | (N)                           |                                |                              |     |     |     |     |
| 2  | In the last year, have you ever drunk alcohol or used drugs more than you meant to?                   | (Y)                         | (N)                           |                                |                              |     |     |     |     |
| 3  | Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?         | (Y)                         | (N)                           |                                |                              |     |     |     |     |
| 4  | Has a family member's drinking or drug use ever had a bad effect on your child?                       | (Y)                         | (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. | (O)                         | (O)                           | (O)                            |                              |     |     |     |     |
| <b>Over the past two weeks, how often have you been bothered by any of the following problems?</b> |   | <b>Not at all</b>           | <b>Several days</b>           | <b>More than half the days</b> | <b>Nearly every day</b>      |     |     |     |     |
| 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?                        | <b>No tension</b><br>(O)    | <b>Some tension</b><br>(O)    | <b>A lot of tension</b><br>(O) | <b>Not applicable</b><br>(O) |     |     |     |     |
| 9  | Do you and your partner work out arguments with:  | <b>No difficulty</b><br>(O) | <b>Some difficulty</b><br>(O) | <b>Great difficulty</b><br>(O) | <b>Not applicable</b><br>(O) |     |     |     |     |
| 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) |