

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

Somewhat

Very Much

Not Yet

V1.07, 4/1/17 SWYC

DΕ	VELC	PME	NTAL	MIL	ESTO	NES

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.

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 exp	ect of other childre	en the same
age, and tell us how much each statement applies to your child.		
Not at a	II 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		
	Somewhat Ve	ry Much
Do you have any concerns about your child's learning or development?	0	\circ
Do you have any concerns about your child's behavior?	\circ	\bigcirc

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Floating Hospital for Children at**Tufts** Medical center

Because family members can have a big impact on yo about your family below:	ur child's de	velopment, ple	ase answer a	few questions
 Does anyone who lives with your child smoke tobact In the last year, have you ever drunk alcohol or used Have you felt you wanted or needed to cut down on Has a family member's drinking or drug use ever ha 	d drugs more your drinkin d a bad effe	g or drug use i ct on your child	n the last yea 1?	(Y) (N)
5 Within the past 12 months, we worried whether our fo		Never true	Sometimes	true Often true
run out before we got money to buy more.	ood would	0	0	0
In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension Some	A lot of tension	Not applicable
7 Do you and your partner work out arguments with:	No difficult		Great difficulty	Not applicable
8 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
EMOTIONAL CHANGES WITH A NEW BABY**				
Since you have a new baby in your family, we wou the answer that comes closest to how you have fel		•	_	
In the pas	t seven day	S		
1 I have been able to laugh and see the funny side	of things			
As much as I always could much now	(2	Definitely not much now	S0	③ Not at all
2 I have looked forward with enjoyment to things ① As much as I ever did ① Rather less than I used to	(2	Definitely less used to	than I	③ Hardly at all
3* I have blamed myself unnecessarily when things	s went wron	g		
③ Yes, most of the time ② Yes, some of the tir	me (1	Not very ofte	n	No, never
4 I have been anxious or worried for no good reaso	on			
	(2	Yes, sometin	nes	③ Yes, very often
5* I have felt scared or panicky for no good reason				
③ Yes, quite a lot ② Yes, sometimes	(1	No, not much	1	No, not at all
6* Things have been getting on top of me				
③ Yes, most of the time I ② Yes, sometimes I	(1	No, most of t	he	No, I have
haven't been able to haven't been copin cope at all well as usual	g as	time I have co quite well	ped	been coping as well as ever
7* I have been so unhappy that I have had difficulty	/ sleeping			
③ Yes, most of the time ② Yes, sometimes	(1	Not very ofte	n	No, not at all
8* I have felt sad or miserable				
③ Yes, most of the time ② Yes, quite often	(1	Not very ofte	n	No, not at all
9* I have been so unhappy that I have been crying				
③ Yes, most of the time ② Yes, quite often	(1	Only occasio	nally	No, never
10* The thought of harming myself has occurred to		,	,	, -
③ Yes, quite often ② Sometimes		Hardly ever		Never
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Child's Name:	
Birth Date:	
Today's Date:	

SWYC V1.07, 4/1/17			
DEVELOPMENTAL MILESTONES These questions are about your child's development. Please tell us how much your child doesn't do something any more, choose the answer that describes sure to answer ALL the questions.	•	_	_
sure to answer ALL the questions.	Not Yet	Somewhat	Very Mucl
Holds head steady when being pulled up to a sitting position $\cdot\cdot\cdot\cdot$	• (6)	1	2
Brings hands together \cdot · · · · · · · · · · · · · · ·		1	2
Laughs \cdot	• • •	1	2
Keeps head steady when held in a sitting position $\cdot\cdot\cdot\cdot\cdot$	• • •	1	2
Makes sounds like "ga," "ma," or "ba" \cdot	• • •	1	2
Looks when you call his or her name $\ \cdot \ $	• • (6)	1	2
Rolls over \cdot	• • •	1	2
Passes a toy from one hand to the other $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot$	• • •	1	2
Looks for you or another caregiver when upset · · · · · · ·	• • •	1	2
Holds two objects and bangs them together $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot$	• • •	1	2
DARY REDIATRIC CYMPTOM CUECKUCT (RRCC)			
BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC) These questions are about your child's behavior. Think about what you wo and tell us how much each statement applies to your child.	ould expect of o	other children t	ne same age
	Not at all	Somewhat	Very Mucl
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? · · · · · ·	• 0	1	2
Does your child cry a lot? · · · · · · · · · · · · · · · · · · ·	. (6)	1	2
Does your child have a hard time calming down? · · · · · · ·	(i)	1)	2
Is your child fussy or irritable? • • • • • • • • • • • • • • • • • • •	©	1)	(2)
Is it hard to comfort your child? • • • • • • • • • • • • • •	. ①	1	2
To it hard to comfort your orma:			
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	N	0-1	\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
Do you have any concerns about your shild's learning or development?	Not at all	Somewhat	Very Muc
Do you have any concerns about your child's learning or development? Do you have any concerns about your child's behavior?	Ŏ	Ŏ	Ŏ

Floating Hospital for Children at Tufts Medical Center

Because family members can habout your family below:	ave a big impact on yo	our child	l's deve	elopm	ent, plea	ase ar	nswer a	few q	uestion	S
 Does anyone who lives with y In the last year, have you eve Have you felt you wanted or y Has a family member's drinking 	er drunk alcohol or use needed to cut down or	ed drugs n your d	rinking d effect	or dru	ıg use ir our child	n the I	ast yea		Yes	No
5 Within the past 12 months, we	worried whether our t	food wo		lever	true	Som	etimes	true	Often	true
run out before we got money		iood wo	uiu	0			0		()
In general, how would you de relationship with your spouse	escribe your /partner?	No te	nsion		Some ension		A lot of ension	Not	applic	able
7 Do you and your partner work	cout arguments with:	No dif	ficulty		Some ifficulty		Great fficulty		applic	able
8 During the past week, how mor other family members read	I to your child?	0	1	2	3	4	5	6	7	
Since you have a new baby in the answer that comes closes	your family, we wou				-		_			
	In the pas	st sever	n days							
1 I have been able to laugh an o As much as I always could	d see the funny side ① Not quite so much now	of thin	2	Defini much	tely not now	so		③ Not	at all	
2 I have looked forward with e ① As much as I ever did	enjoyment to things ① Rather less than I used to			Definit used t	ely less o	than	I	③ Har	dly at a	all
3* I have blamed myself unne	cessarily when thing	s went	wrong							
③ Yes, most of the time	② Yes, some of the ti	me	1	Not ve	ery ofter	ı		⊕ No,	never	
4 I have been anxious or worr	_	on								
No, not at all	1 Hardly ever		(2)	Yes, s	sometim	es		③ Yes	s, very	often
5* I have felt scared or panick ③ Yes, quite a lot	y for no good reason ② Yes, sometimes	1	1	No, no	ot 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	ng as	ti		ost of thave coperior			bee	I have en copir well as	ng
7* I have been so unhappy tha	at I have had difficult	y sleep	ing							
③ Yes, most of the time	② Yes, sometimes		1	Not ve	ery ofter	ı		① No,	not at	all
8* I have felt sad or miserable										
③ Yes, most of the time	② Yes, quite often		1	Not ve	ery ofter	1		⊕ No,	not at	all
9* I have been so unhappy tha	at I have been crying									
③ Yes, most of the time	② Yes, quite often		1	Only	occasion	nally		① No,	never	
10* The thought of harming m	yself has occurred to	o me								
③ Yes, quite often	② Sometimes		1	Hardl	y ever			① Nev	/er	
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Child's Name:		
Birth Date:		
Today's Date:		

V1.07, 4/1/17 SWYC

DEVELOPMENTAL MILESTONES			
These questions are about your child's development. Please tell us how much your child doesn't do something any more, choose the answer that describes house to answer ALL the questions.		•	•
sure to answer file the questions.	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 · · · · · · · · · · · · · · · · · · ·	0	1)	2
Passes a toy from one hand to the other · · · · · · · · · · ·	•	1	2
Looks for you or another caregiver when upset · · · · · · · · · · ·	• (6)	1	2
Holds two objects and bangs them together · · · · · · · · · ·	• • •	1	2
Holds up arms to be picked up · · · · · · · · · · · · · · · ·	• (6)	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 shout your shild's behavior. Think shout what you would	ld over of a	ather children th	20 20 20 20 20 20 20 20 20 20 20 20 20 2
These questions are about your child's behavior. Think about what you wou and tell us how much each statement applies to your child.	iiu expect or t	omer children u	ie same age,
and ten action mach each etatement applies to your crima.	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people? · · · · · ·	• (6)	1)	2
Does your child have a hard time in new places? · · · · · · ·	• (6)	(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? · · · · · · · · · · · · · ·	• (6)	1	2
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? · · · · · · ·	• (6)	1	2
Does your child have trouble staying asleep? · · · · · · · · ·	• 0	1)	2
PARENT'S CONCERNS	Not et all	Comowhat	Vom. Much
Do you have any concerns about your child's learning or development?	Not at all	Somewhat	Very Much
Do you have any concerns about your child's behavior?	\bigcup	\bigcirc	\bigcup

Floating Hospital for Children at Tufts Medical

FAMILY QUESTIONS					
Because family members can have a big impact on yo about your family below:	our child's dev	elopment, plea	ase answer a f	lew question	IS
about your family below.				Yes	No
1 Does anyone who lives with your child smoke tobac	cco?				N
2 In the last year, have you ever drunk alcohol or use	ed drugs more	than you mea	int to?	\bigcirc	N
3 Have you felt you wanted or needed to cut down on	າ your drinkinຸດ	g or drug use i	n the last year	? ♡	N
4 Has a family member's drinking or drug use ever ha	ad a bad effec	ct on your child	?	Y	N
	ı	Never true	Sometimes to	rue Often	true
5 Within the past 12 months, we worried whether our frun out before we got money to buy more.	food would	\circ	0	(\supset
In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not applic	cable
	O	Some	Great	Not applic	rahle
7 Do you and your partner work out arguments with:	No difficulty	difficulty			abic
8 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	
EMOTIONAL CHANGES WITH A NEW BABY**					
Since you have a new baby in your family, we wou the answer that comes closest to how you have fe		_	_		
In the pas	st seven days	S			
1 I have been able to laugh and see the funny side	of things				
As much as I always O Not quite so could much now	2	Definitely not much now	so (₃ Not at all	
2 I have looked forward with enjoyment to things ① As much as I ever did ① Rather less than I used to	(2	Definitely less used to	than I	③ Hardly at a	all
3* I have blamed myself unnecessarily when thing	s went wron	g			
③ Yes, most of the time ② Yes, some of the ti	ime ①	Not very ofter	ı (O No, never	
4 I have been anxious or worried for no good reason	on				
No, not at all	2	Yes, sometim	ies (③ Yes, very	often
5* I have felt scared or panicky for no good reason	1				
③ Yes, quite a lot ② Yes, sometimes	1	No, not much		⊙ No, not at	all
6* Things have been getting on top of me					
③ Yes, most of the time I ② Yes, sometimes I	1	No, most of the	ne (ତ No, I have	
haven't been able to haven't been copir	ng as	time I have co	ped	been copii as well as	
cope at all well as usual		quite well		as well as	CVCI
7* I have been so unhappy that I have had difficulty	y sleeping				
③ Yes, most of the time ② Yes, sometimes	1	Not very ofter	ı (⊙ No, not at	all
8* I have felt sad or miserable					
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 that I have been crying					
③ Yes, most of the time ② Yes, quite often	1	Only occasion	nally	O No, never	
10* The thought of harming myself has occurred to	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 *V1.07*, *4/1/17*

Child's Name:	
Birth Date:	
Todav'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.

do it. I lease 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 (E	BPSC.
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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	ugs more the	an you mear	nt to?	\bigcirc	N
3 Have you felt you wanted or needed to cut down on you	Have you felt you wanted or needed to cut down on your 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
		Never true	Sometimes tr	ue Oft	en true
5 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
9 Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not ap	plicable
10. During the neet 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 *V1.07, 4/1/17*

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 guestions.

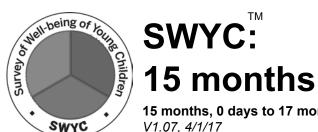
	Not Yet	Somewhat	Very Much
Picks up food and eats it · · · · · · · · · · · · · · · · · ·		1)	2
Pulls up to standing · · · · · · · · · · · · · · · · · · ·	. (1)	1	2
Plays games like "peek-a-boo" or "pat-a-cake" · · · · · · ·	• 0	1	2
Calls you "mama" or "dada" or similar name · · · · · ·	. (0)	1	2
Looks 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	I CHECKLIST	(BPSC
------------------------	-------------	-------

	4 - 11	\/
Not a	it 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? · · · · · · · ⑥	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	ery Much
Do you have any concerns about your child's learning or de	evelopment?	2	\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 clyour family below:	hild's develo	pment, plea	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	ır 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
	ı	Never true	Sometimes tr	ue Of	ften true
5 Within the past 12 months, we worried whether our food worun 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
9 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



15 months, 0 days to 17 months, 31 days V1.07, 4/1/17

Child's Name:	
Birth Date:	
Todav'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 · · · · · · ·	• 0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	. (1)	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
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

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.

11 /		
Not at	t all Somewhat	Very Much
Does your child have a hard time being with new people? · · · · · ①	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? · · · · · · · · · 0	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

Floating Hospital for Children atTufts Medical

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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 your drinking or drug use in the last year?					N
4 Has a family member's drinking or drug use ever had a bad effect on your child?			\bigcirc	N	
	j	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.	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
9 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 *V1.07*, *4/1/17*

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 \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? •	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	
	<u> </u>	0	O	O	0
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	0	0	0	0	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 _				
his or her name?	0	O	O	O	O
Does your child look if you point to something across the room?	0	0	0	0	0
How does your child usually show you	Says a word	Points to it	Reaches	Pulls me over	Grunts, cries or
something he or she wants?	for what he	with one	for it	or puts my	screams
	or she wants	finger		hand on it	
(please check all that apply)			Ш		
Most one very skildle favorite plant	Playing with	Reading	Climbing,	Lining up	Watching things
What are your child's favorite play activities?	dolls or stuffed anima	lo.	•	toys or other	go round and round like fans or
addivided.	Stuffed affillia	is you	being active	things	wheels
(please check all that apply)					
For acknowledgments, validation, and other information	tion concerning the P	OSI, please see wi	ww.theswyc.org/pos	i	
PARENT'S CONCERNS					
	1.71.01		Not At		hat Very Much
Do you have any concerns about your	•	•	ent?	0	0
Do you have any concerns about your	child's behavior	?	O	O	Ü
FAMILY QUESTIONS	oig impost on ve	مالمان ما ما	alanmant plac	and another a fee	w guantiana abaut
Because family members can have a byour family below:	oig impact on yo	our child's dev	elopment, plea	ase answer a re	w questions about
your fairing 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 drugs more	than you mea	ant to?	(Y) (N)
3 Have you felt you wanted or needed		•	•		(Y) (N)
4 Has a family member's drinking or o		•	_	•	(N)
Thus a family member 5 drinking or 6	arug use ever ir	aa a baa ciic	Never true	Sometimes t	
5 Within the past 12 months, we worried	whether our foo	od would	Never true	Connectances t	Onteri ti de
run out before we got money to buy m			O	O	O
Over the past two weeks, how often	have vou	••	Several	More than	Nearly every day
been bothered by any of the followi		Not at	all days	half the days	really 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
	1 0 1	No	Some	A lot of	Not applicable
In general, how would you describe	your relationsh	tensio		tension	appcasic
with your spouse/partner?		0	0	\circ	\circ
		No	Some	Great	Not applicable
9 Do you and your partner work out a	rguments with:	difficul	lty difficulty	difficulty	••
		0	0	0	0
10 During the past week, how many da	•		(i) (j) (2) (3) (4)	(5) (6) (7)
or other family members read to you	r child?				



SWYC: 24 months

23 months, 0 days to 28 months, 31 days *V1.07*, *4/1/17*

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.

do in thousand to director the directories			
N	ot 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)

	Not a	t 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? · · · · · · · · 6)	1	2
	Comfort your child? · · · · · · · · · · · · · · · · · · ·)	1	2
	Know what your child needs? · · · · · · · · 6)	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	O	O	0
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	0	0	0	0	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 _				
his or her name?	0	O	O	O	O
Does your child look if you point to something across the room?	0	0	0	0	0
How does your child usually show you	Says a word	Points to it	Reaches	Pulls me over	Grunts, cries or
something he or she wants?	for what he	with one	for it	or puts my	screams
	or she wants	finger		hand on it	
(please check all that apply)			Ш		
Most one very skildle favorite plant	Playing with	Reading	Climbing,	Lining up	Watching things
What are your child's favorite play activities?	dolls or stuffed anima	lo.	•	toys or other	go round and round like fans or
addivided.	Stuffed affillia	is you	being active	things	wheels
(please check all that apply)					
For acknowledgments, validation, and other information	tion concerning the P	OSI, please see wi	ww.theswyc.org/pos	i	
PARENT'S CONCERNS					
	1.71.01		Not At		hat Very Much
Do you have any concerns about your	•	•	ent?	0	0
Do you have any concerns about your	child's behavior	?	O	O	Ü
FAMILY QUESTIONS	oig impost on ve	مالمان ما ما	alanmant nlac	and another a fee	w guantiana abaut
Because family members can have a byour family below:	oig impact on yo	our child's dev	elopment, plea	ase answer a re	w questions about
your fairing 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 drugs more	than you mea	ant to?	(Y) (N)
3 Have you felt you wanted or needed		•	•		(Y) (N)
4 Has a family member's drinking or o		•	_	•	(N)
Thus a family member 5 drinking or 6	arug use ever ir	aa a baa ciic	Never true	Sometimes t	
5 Within the past 12 months, we worried	whether our foo	od would	Never true		Onterrurae
run out before we got money to buy m			O	O	O
Over the past two weeks, how often	have vou	••	Several	More than	Nearly every day
been bothered by any of the followi		Not at	all days	half the days	really 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
	1 0 1	No	Some	A lot of	Not applicable
In general, how would you describe	your relationsh	tensio		tension	appcasic
with your spouse/partner?		0	0	\circ	\circ
		No	Some	Great	Not applicable
9 Do you and your partner work out a	rguments with:	difficul	lty difficulty	difficulty	••
		0	0	0	0
10 During the past week, how many da	•		(i) (j) (2) (3) (4)	(5) (6) (7)
or other family members read to you	r child?				



SWYC:[™] 30 months

29 months, **0** days to **34** months, **31** days *V1.07*, *4/1/17*

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

do it. I leade be dure to anower ALE the questions.		
Not Ye	t 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 $$ $$	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? · · · · · · · · · (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 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	O	O	0
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	0	0	0	0	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 _				
his or her name?	0	O	O	O	O
Does your child look if you point to something across the room?	0	0	0	0	0
How does your child usually show you	Says a word	Points to it	Reaches	Pulls me over	Grunts, cries or
something he or she wants?	for what he	with one	for it	or puts my	screams
	or she wants	finger		hand on it	
(please check all that apply)			Ш		
Most one very skildle favorite plant	Playing with	Reading	Climbing,	Lining up	Watching things
What are your child's favorite play activities?	dolls or stuffed anima	lo.	•	toys or other	go round and round like fans or
addivided.	Stuffed affillia	is you	being active	things	wheels
(please check all that apply)					
For acknowledgments, validation, and other information	tion concerning the P	OSI, please see wi	ww.theswyc.org/pos	i	
PARENT'S CONCERNS					
	1.71.01		Not At		hat Very Much
Do you have any concerns about your	•	•	ent?	0	0
Do you have any concerns about your	child's behavior	?	O	O	Ü
FAMILY QUESTIONS	oig impost on ve	مالمان ما ما	alanmant plac	and another a fee	w guantiana abaut
Because family members can have a byour family below:	oig impact on yo	our child's dev	elopment, plea	ase answer a re	w questions about
your fairing 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 drugs more	than you mea	ant to?	(Y) (N)
3 Have you felt you wanted or needed		•	•		(Y) (N)
4 Has a family member's drinking or o		•	_	•	(N)
Thus a family member 5 drinking or 6	arug use ever ir	aa a baa ciic	Never true	Sometimes t	
5 Within the past 12 months, we worried	whether our foo	od would	Never true	Connectances t	Onterrurae
run out before we got money to buy m			O	O	O
Over the past two weeks, how often	have vou	••	Several	More than	Nearly every day
been bothered by any of the followi		Not at	all days	half the days	really 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
	1 0 1	No	Some	A lot of	Not applicable
In general, how would you describe	your relationsh	tensio		tension	appcasic
with your spouse/partner?		0	0	\circ	\circ
		No	Some	Great	Not applicable
9 Do you and your partner work out a	rguments with:	difficul	lty difficulty	difficulty	••
		0	0	0	0
10 During the past week, how many da	•		(i) (j) (2) (3) (4)	(5) (6) (7)
or other family members read to you	r child?				



SWYC:[™] 36 months

35 months, **0** days to **46** months, **31** days *V1.07*, *4/1/17*

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 \cdot	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?	" · ①	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
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? · · · · · · · · · · 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	1	2
	Break things on purpose? · · · · · · · · · · 0	1	2
	Fight with other children? · · · · · · · · · · · · · · · · · · ·	1	2
	Have trouble paying attention? · · · · · · · · ①	1	2
	Have a hard time calming down? · · · · · · · ①	1	2
	Have trouble staying with one activity? · · · · · ①	1	2
ls 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	2
	Know what your child needs? · · · · · · · · ①	1	2
	Keep your child on a schedule or routine? · · · · ①	1	2
	Get your child to obey you? · · · · · · · · · · · · · · · · · · ·	1	2

DADENTIO CONCEDNO						
PARENT'S CONCERNS		Not At	All Somew	hat Va	ery Much	
Do you have any concerns about your child's learning or d	evelonment'		All Solliew	iiat ve		
	evelopilielit				0	
Do you have any concerns about your child's behavior?		0	U		U	
FAMILY QUESTIONS						
Because family members can have a big impact on your c your family below:	hild's develo	pment, plea	se answer a fev	v questior	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 dr	ugs more th	an you mea	nt to?	\bigcirc	N	
3 Have you felt you wanted or needed to cut down on you	ır drinking oı	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	
	N	ever true	Sometimes tr	ue Of	ten 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 6	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	plicable	
war your opouco/parator.	0	\circ	\circ	(\circ	
	No	Some	Great	Not ap	plicable	
9 Do you and your partner work out arguments with:	difficulty	difficulty	difficulty	,	\sim	
	U	J				
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 *V1.07*, *4/1/17*

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 Ye	t 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	2
Stays dry all night · · · · · · · · · · · · · · · · · · ·	1	2
Follows simple rules when playing a board game or card game · · · ①	1	2
Prints his or her name · · · · · · · · · · · · · · · · · · ·	1	2
Draws pictures you recognize · · · · · · · · · · · 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? •	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
Is 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 Somewi	hot Va	ery Much
Do you have any concerns about your child's learning or de	ovelonment:		All Somewi	nat ve	
	sveiopinent:	. 0			0
Do you have any concerns about your child's behavior?		U	U		U
FAMILY QUESTIONS					
Because family members can have a big impact on your chyour family below:	nild's develo	pment, pleas	se answer a fev		
				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
	N	Never true	Sometimes tr	ue Of	ten true
5 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 6	every day
6 Having little interest or pleasure in doing things?	0	1	2	ſ	3
7 Feeling down, depressed, or hopeless?	0	1	2		3
8 In general, how would you describe your relationship	No tension	Some tension	A lot of tension	Not ap	plicable
with your spouse/partner?				1	0
• De vey and your partner work out arguments with:	No	Some	Great	Not ap	plicable
9 Do you and your partner work out arguments with:	difficulty	difficulty	difficulty	1	0
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: 60 months

59 months, 0 days to 65 months, 31 days V1.07, 4/1/17

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 · · · · · · · · · · · · · · ·	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	2
Stays dry all night · · · · · · · · · · · · · · · · · · ·	1	2
Follows simple rules when playing a board game or card game · · · ①	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)

	l de la companya de	Not at all	Somewhat	Very Much
Does your child	Seem nervous or afraid? · · · · · · · · ·	0	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? · · · · · ·	• (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
ls 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 CONCERNS								
		Not At	All Somew	hat Ver	y 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?			\circ		\circ			
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 drugs more than you meant to?								
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			
	N	ever true	Sometimes tr	ue Oft	en true			
5 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 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 applicable				
9 Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not applicable				
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			