



SWYC: 30 months

29 months, 0 days to 34 months, 31 days
V1.01, 3/11/14

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	<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
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

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?	<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
Is your child... 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
Is it hard to... 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 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	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"/>

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

		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"/>	
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"/>	<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"/>