



SWYC™:

48 months

47 months, 0 days to 58 months, 31 days
V1.06, 9-1-16

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 |
|--|---------|----------|-----------|
| 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 |
| Stays dry all night | 0 | 1 | 2 |
| Follows simple rules when playing a board game or card game | 0 | 1 | 2 |
| Prints his or her name | 0 | 1 | 2 |
| Draws pictures you recognize | 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 |

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 smoke tobacco at home? | <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 |
| 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"/> Y | <input type="radio"/> N |

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?

| No tension | Some tension | A lot of tension | Not applicable |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9 Do you and your partner work out arguments with:

| No difficulty | Some difficulty | Great difficulty | Not applicable |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |