



SWYC:TM 18 months

18 months, 0 days to 22 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
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
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

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 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"/>

For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi

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?	<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"/>					
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				
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"/>				
10 During the past week, how many days did you or other family members read to your child?	<input type="radio"/> 7	<input type="radio"/> 6	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
11. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?	Yes	No						
12. In the past year, has the utility company shut off your service for not paying your bills?	Yes	No						
13. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things you needed for daily living?	Yes	No						