

## SWYC:<sup>™</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	1	2
Washes and dries hands without help (even if you turn on the water) · ①	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?" 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 $\cdot$ · · · · · $\cdot$ 0	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

## 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? · · · · · · · · · · · · · · · · · ·	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 CONCERNS							
		Not At	All Somew	hat Very Much			
Do you have any concerns about your child's learning or	development?	? 0	0	0			
Do you have any concerns about your child's behavior?			0	0			
FAMILY QUESTIONS							
Because family members can have a big impact on your child's below:	development,	please answ	er a few question				
<ul> <li>1 Does anyone who lives with your child smoke tobacco</li> <li>2 In the last year, have you ever drunk alcohol or used of</li> </ul>		an you mea	nt to?	Yes No			
3. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?  4. Has a family member's drinking or drug use ever had a bad effect on your child?  i. 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?  ii. In the past year, has the utility company shut off your service for not paying your bills?  iii. 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?							
<b>5</b> Within the past 12 months, we worried whether our food wun out before we got money to buy more.	would	ever true	Sometimes tr	rue Often true			
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 applicable			
<b>9</b> 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)			