



SWYC:TM 48 months

47 months, 0 days to 58 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
Compares things - using words like "bigger" or "shorter"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answers questions like "What do you do when you are cold?" or "...when you are sleepy?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tells you a story from a book or tv	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws simple shapes - like a circle or a square	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Says words like "feet" for more than one foot and "men" for more than one man	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like "yesterday" and "tomorrow" correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stays dry all night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows simple rules when playing a board game or card game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prints his or her name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws pictures you recognize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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"/>	<input type="radio"/>	<input type="radio"/>
Seem sad or unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get upset if things are not done in a certain way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a hard time with change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble playing with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Break things on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble paying attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a hard time calming down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble staying with one activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child... Aggressive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidgety or unable to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to... Take your child out in public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know what your child needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep your child on a schedule or routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get your child to obey you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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						
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?	<input type="radio"/> Y	<input type="radio"/> N						
ii. In the past year, has the utility company shut off your service for not paying your bills?	<input type="radio"/> Y	<input type="radio"/> N						
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?	<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"/>					
<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>								
	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"/>				
10 During the past week, how many days did you or other family members read to your child?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7