



# SWYC: 36 months

35 months, 0 days to 46 months, 31 days  
V1.02, 3/31/15

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
Talks so other people can understand him or her most of the time . . .	0	1	2
Washes and dries hands without help (even if you turn on the water) . . .	0	1	2
Asks questions beginning with "why" or "how" - like "Why no cookie?" . . .	0	1	2
Explains the reasons for things, like needing a sweater when it's cold . . .	0	1	2
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

## 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
<b>Does your child...</b> 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
<b>Is your child...</b> Aggressive? . . . . .	0	1	2
Fidgety or unable to sit still? . . . . .	0	1	2
Angry? . . . . .	0	1	2
<b>Is it hard to...</b> 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

\*\*\*\*\* Please continue on the back \*\*\*\*\*

**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
<b>1</b> Does anyone smoke tobacco at home?	<input type="radio"/> Y	<input type="radio"/> N
<b>2</b> 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
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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

  

<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
<b>6</b> Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No tension	Some tension	A lot of tension	Not applicable
<b>8</b> In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No difficulty	Some difficulty	Great difficulty	Not applicable
<b>9</b> Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>