



# BPSC:

1 month, 0 days to 17 months, 31 days  
V1.07, 4-1-17

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## **BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)**

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 have a hard time being with new people? . . . . .	0	1	2
Does your child have a hard time in new places? . . . . .	0	1	2
Does your child have a hard time with change? . . . . .	0	1	2
Does your child mind being held by other people? . . . . .	0	1	2
Does your child cry a lot? . . . . .	0	1	2
Does your child have a hard time calming down? . . . . .	0	1	2
Is your child fussy or irritable? . . . . .	0	1	2
Is it hard to comfort your child? . . . . .	0	1	2
Is it hard to keep your child on a schedule or routine? . . . . .	0	1	2
Is it hard to put your child to sleep? . . . . .	0	1	2
Is it hard to get enough sleep because of your child? . . . . .	0	1	2
Does your child have trouble staying asleep? . . . . .	0	1	2

### SWYC Milestones

#### Scoring Directions, 3/22/16

SWYC Milestones scoring can be done electronically. Please the downloadable Milestones Excel calculator available on our website, [www.theSWYC.org](http://www.theSWYC.org). For manual scoring, see below:

- Each form includes 10 items. Score each item using these values: “Not Yet” corresponds to “0”; “Somewhat” to “1”; and “Very Much” to “2.” Missing items count as zero.
- Add up all 10 item scores to calculate the total score.
- On the *Milestones* scoring chart (see right), the child’s age in months is indicated in the “age” column. Check to be sure that the parent completed the correct form for the child’s age (far left column labeled “form”). If not, the score will be misleading. **Please Note:** Cut scores are not available for the 2- and 60-month forms. The individual questions are valid and reliable and may be useful for surveillance, but our initial research did not support the validity of the overall scores for detecting developmental delays).<sup>1</sup>
- Following along the appropriate age row, determine whether the child’s total score falls into the “Needs Review” or “Appears to Meet Age Expectations” category.
- If a child scores in the “Needs Review” range, further evaluation or investigation is indicated.

To track *Milestones* scores longitudinally, download the Comprehensive SWYC Scoring Chart from our website, [www.theSWYC.org](http://www.theSWYC.org).

FORM	Age (m)	Needs Review	Appears to meet age expectations
2m	1 - 3	No Milestones cut scores available	
4m	4	≤13	≥14
	5	≤15	≥16
6m	6	≤11	≥12
	7	≤14	≥15
	8	≤16	≥17
9m	9	≤11	≥12
	10	≤13	≥14
	11	≤14	≥15
12m	12	≤12	≥13
	13	≤13	≥14
	14	≤14	≥15
15m	15	≤10	≥11
	16	≤12	>13
	17	≤13	≥14
18m	18	≤8	≥9
	19	≤10	≥11
	20	≤11	≥12
	21	≤13	≥14
	22	≤14	≥15
24m	23	≤10	≥11
	24	≤11	≥12
	25	≤12	≥13
	26	≤13	≥14
	27	≤14	≥15
	28	≤15	≥16
30m	29	≤9	≥10
	30	≤10	≥11
	31	≤11	≥12
	32	≤12	≥13
	33 - 34	≤13	≥14
36m	35	≤10	≥11
	36	≤11	≥12
	37	≤12	≥13
	38 - 39	≤13	≥14
	40 - 41	≤14	≥15
	42 - 43	≤15	≥16
48m	44 - 46	≤16	≥17
	47	≤12	≥13
	48 - 50	≤13	≥14
	51 - 53	≤14	≥15
	54 - 57	≤15	≥16
60m	58	≤16	≥17
	59 - 65	No Milestones cut scores available	

<sup>1</sup> We will attempt to correct this difficulty in future revisions of the *Milestones*. Please see section 5D of the manual on “Future Research” for more detail.



# PPSC:

18 months, 0 days to 65 months, 31 days  
V1.07, 4/1/17

Child's Name:

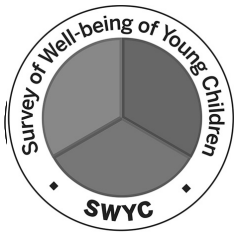
Birth Date:

Today's Date:

## 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



# POSI:

18 months, 0 days to 34 months, 31 days  
V1.07, 4/1/17

Child's Name:

Birth Date:

Today's Date:

## 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"/>
<i>For acknowledgments, validation, and other information concerning the POSI, please see <a href="http://www.theswyc.org/posi">www.theswyc.org/posi</a></i>					



# Parent's Concerns:

1 month, 0 days to 65 months, 31 days  
V1.07, 6/1/17

Child's Name:

Birth Date:

Today's Date:

## 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:

1 month, 0 days to 65 months, 31 days  
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Child's Name:

Birth Date:

Today's Date:

## 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"/>					
<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				
	No tension	Some tension	A lot of tension	Not applicable				
8 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				
9 Do you and your partner work out arguments with:	<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