



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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks up stairs with help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kicks a ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least 5 familiar objects - like ball or milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least 5 body parts - like nose, hand, or tummy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbs up a ladder at a playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like "me" or "mine"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jumps off the ground with two feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puts 2 or more words together - like "more water" or "go outside"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words to ask for help	<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 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 <input type="checkbox"/>	Points to it with one finger <input type="checkbox"/>	Reaches for it <input type="checkbox"/>	Pulls me over or puts my hand on it <input type="checkbox"/>	Grunts, cries or screams <input type="checkbox"/>
<i>(please check all that apply)</i>					
What are your child's favorite play activities?	Playing with dolls or stuffed animals <input type="checkbox"/>	Reading books with you <input type="checkbox"/>	Climbing, running and being active <input type="checkbox"/>	Lining up toys or other things <input type="checkbox"/>	Watching things go round and round like fans or wheels <input type="checkbox"/>
<i>(please check all that apply)</i>					

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)				
	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)