



# SWYC: 9 months

9 months, 0 days to 11 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
Holds up arms to be picked up . . . . .	0	1	2
Gets into a sitting position by him or herself . . . . .	0	1	2
Picks up food and eats it . . . . .	0	1	2
Pulls up to standing . . . . .	0	1	2
Plays games like "peek-a-boo" or "pat-a-cake" . . . . .	0	1	2
Calls you "mama" or "dada" or similar name . . . . .	0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?" . . . . .	0	1	2
Copies sounds that you make . . . . .	0	1	2
Walks across a room without help . . . . .	0	1	2
Follows directions - like "Come here" or "Give me the ball" . . . . .	0	1	2

## 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

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***

	Yes	No	
1 Does anyone who lives with your child smoke tobacco?	<input type="radio"/>	<input type="radio"/>	
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/>	<input type="radio"/>	
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/>	<input type="radio"/>	
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/>	<input type="radio"/>	
	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"/>

<b>Over the past two weeks, how often have you been bothered by any of the following problems?</b>		<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>			
<b>6</b>	Having little interest or pleasure in doing things?	①	②	③	④			
<b>7</b>	Feeling down, depressed, or hopeless?	①	②	③	④			
<b>8</b>	In general, how would you describe your relationship with your spouse/partner?	<b>No tension</b> ○	<b>Some tension</b> ○	<b>A lot of tension</b> ○	<b>Not applicable</b> ○			
<b>9</b>	Do you and your partner work out arguments with:	<b>No difficulty</b> ○	<b>Some difficulty</b> ○	<b>Great difficulty</b> ○	<b>Not applicable</b> ○			
<b>10</b>	During the past week, how many days did you or other family members read to your child?	①	②	③	④	⑤	⑥	⑦



# SWYC: 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 . . . . .	0	1	2
Walks up stairs with help . . . . .	0	1	2
Kicks a ball . . . . .	0	1	2
Names at least 5 familiar objects - like ball or milk . . . . .	0	1	2
Names at least 5 body parts - like nose, hand, or tummy . . . . .	0	1	2
Climbs up a ladder at a playground . . . . .	0	1	2
Uses words like "me" or "mine" . . . . .	0	1	2
Jumps off the ground with two feet . . . . .	0	1	2
Puts 2 or more words together - like "more water" or "go outside" . . . . .	0	1	2
Uses words to ask for help . . . . .	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

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?	<b>Says a word for what he or she wants</b>	<b>Points to it with one finger</b>	<b>Reaches for it</b>	<b>Pulls me over or puts my hand on it</b>	<b>Grunts, cries or screams</b>
<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?	<b>Playing with dolls or stuffed animals</b>	<b>Reading books with you</b>	<b>Climbing, running and being active</b>	<b>Lining up toys or other things</b>	<b>Watching things go round and round like fans or wheels</b>
<i>(please check all that apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For acknowledgments, validation, and other information concerning the POSI, please see <a href="http://www.theswyc.org/posi">www.theswyc.org/posi</a>					

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	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"/>

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	<b>Yes</b>	<b>No</b>
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<b>1</b> Does anyone who lives with your child smoke tobacco?	<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

	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"/>

<b><i>Over the past two weeks, how often have you been bothered by any of the following problems?</i></b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
<b>6</b> Having little interest or pleasure in doing things?	①	①	②	③
<b>7</b> Feeling down, depressed, or hopeless?	①	①	②	③

<p><b>8</b> In general, how would you describe your relationship with your spouse/partner?</p>	<p><b>No tension</b></p> <p><input type="radio"/></p>	<p><b>Some tension</b></p> <p><input type="radio"/></p>	<p><b>A lot of tension</b></p> <p><input type="radio"/></p>	<p><b>Not applicable</b></p> <p><input type="radio"/></p>
<p><b>9</b> Do you and your partner work out arguments with:</p>	<p><b>No difficulty</b></p> <p><input type="radio"/></p>	<p><b>Some difficulty</b></p> <p><input type="radio"/></p>	<p><b>Great difficulty</b></p> <p><input type="radio"/></p>	<p><b>Not applicable</b></p> <p><input type="radio"/></p>

**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



# SWYC:<sup>TM</sup> 30 months

29 months, 0 days to 34 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
Names at least one color . . . . .	①	②	③
Tries to get you to watch by saying "Look at me" . . . . .	①	②	③
Says his or her first name when asked . . . . .	①	②	③
Draws lines . . . . .	①	②	③
Talks so other people can understand him or her most of the time . . . . .	①	②	③
Washes and dries hands without help (even if you turn on the water) . . . . .	①	②	③
Asks questions beginning with "why" or "how" - like "Why no cookie?" . . . . .	①	②	③
Explains the reasons for things, like needing a sweater when it's cold . . . . .	①	②	③
Compares things - using words like "bigger" or "shorter" . . . . .	①	②	③
Answers questions like "What do you do when you are cold?" or "...when you are sleepy?" . . . . .	①	②	③

## 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? . . . . .	①	②	③
Seem sad or unhappy? . . . . .	①	②	③
Get upset if things are not done in a certain way? . . . . .	①	②	③
Have a hard time with change? . . . . .	①	②	③
Have trouble playing with other children? . . . . .	①	②	③
Break things on purpose? . . . . .	①	②	③
Fight with other children? . . . . .	①	②	③
Have trouble paying attention? . . . . .	①	②	③
Have a hard time calming down? . . . . .	①	②	③
Have trouble staying with one activity? . . . . .	①	②	③
<b>Is your child...</b>			
Aggressive? . . . . .	①	②	③
Fidgety or unable to sit still? . . . . .	①	②	③
Angry? . . . . .	①	②	③
<b>Is it hard to...</b>			
Take your child out in public? . . . . .	①	②	③
Comfort your child? . . . . .	①	②	③
Know what your child needs? . . . . .	①	②	③
Keep your child on a schedule or routine? . . . . .	①	②	③
Get your child to obey you? . . . . .	①	②	③

**PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)**

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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?	<b>Says a word for what he or she wants</b>	<b>Points to it with one finger</b>	<b>Reaches for it</b>	<b>Pulls me over or puts my hand on it</b>	<b>Grunts, cries or screams</b>
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What are your child's favorite play activities?	<b>Playing with dolls or stuffed animals</b>	<b>Reading books with you</b>	<b>Climbing, running and being active</b>	<b>Lining up toys or other things</b>	<b>Watching things go round and round like fans or wheels</b>
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For acknowledgments, validation, and other information concerning the POSI, please see [www.theswyc.org/posi](http://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
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"/>
	Often true	
<b>Over the past two weeks, how often have you been bothered by any of the following problems?</b>	Not at all	Several days
6 Having little interest or pleasure in doing things?	<input type="radio"/> 0	<input type="radio"/> 1
7 Feeling down, depressed, or hopeless?	<input type="radio"/> 0	<input type="radio"/> 1
	More than half the days	Nearly every day
8 In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/> 2	<input type="radio"/> 3
9 Do you and your partner work out arguments with:	<input type="radio"/> 2	<input type="radio"/> 3
	No tension	Some tension
	A lot of tension	Not applicable
	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?	<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

## SWYC Scoring Cheat Sheet

### Developmental Milestones

- 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.
- See the SWYC scoring chart to the right. Following along the age appropriate row, determine whether the child's total score falls into the "Needs Review" or "Appears to Meet Age Expectations" category.

Scoring for the *Milestones* can also be done in Excel. Please see the "Form Selector and Milestones Calculator" on our website: [www.theSWYC.org](http://www.theSWYC.org).

### Baby Pediatric Symptom Checklist (BPSC)

- The BPSC is divided into three subscales, each with 4 items. Determine the BPSC subscale scores by assigning a "0" for each "Not at All" response, a "1" for each "Somewhat" response, and a "2" for each "Very Much" response, and then sum the results.
  - In the event that parents have selected multiple responses for a single question and are unavailable for further questioning, then choose the more concerning answer (i.e. "Somewhat" or "Very Much") farthest to the right.
  - In the event that there is a missing response, that item counts as zero.
- Any summed score of 3 or more on any of the three subscales indicates that a child is "at risk" and needs further evaluation or investigation.**

### Preschool Pediatric Symptom Checklist (PPSC)

- Determine the *PPSC total* score by assigning a "0" for each "Not at All" response, a "1" for each "Somewhat" response, and a "2" for each "Very Much" response, and then sum the results.
  - In the event that parents have selected multiple responses for a single question and are unavailable for further questioning, then choose the more concerning answer (i.e. "Somewhat" or "Very Much") farthest to the right.
  - In the event that there is a missing response, that item counts as zero.
- A PPSC total score of 9 or greater indicates that a child is "at risk" and needs further evaluation or investigation.**

### Milestones Scoring Chart

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
60m	54 - 57	≤15	≥16
	58	≤16	≥17
	59 - 65	No Milestones cut scores available	

### ***Parent's Observations of Social Interactions (POSI)***

1. Score each of the seven questions. Each question is assigned either a "1" or a "0". If the parent selects one or more responses that fall in the last three columns, the question is scored as "1"; otherwise, it is scored as "0."
2. For items where parents have selected multiple responses for a single question (i.e., multiple responses in each row):
  - a. Choose the more concerning answer (i.e., lower-functioning behavior) farthest to the right.
  - a. If the parent has selected multiple answers in the last three columns for one item, assign only one point for the item. Since there are seven *POSI* questions total, there is a maximum of seven potential points.
  - b. Missing items count as zero.
3. **A result of three or more points in the last three columns indicates that a child is "at risk" and needs further evaluation or investigation.**

### ***Family Questions***

Positive endorsement of items on this list indicates that a child should be monitored further.

1. Question 1 Screens for tobacco use.
2. Questions 2, 3, and 4: At least one positive response suggests a substance abuse disorder
3. Question 5 screens for food insecurity.
4. Questions 6 and 7: Parental depression is assessed by the *Patient Health Questionnaire-2 (PHQ-2)*. Answers are scored such that "Not at All" is given a "0", "Several Days" is given a "1", "More than Half the Days" is given a "2", and "Nearly Every Day" is given a "3." **A total score of 3 or greater suggests further evaluation.**
5. Questions 8 and 9 screen for domestic violence. The score is considered positive if the most extreme choice is endorsed on one or both items.
6. Parent's Concerns: If a parent endorses being "Somewhat" or "Very Much" concerned about his or her child on either of the two *Parent's Concerns* questions, pediatricians should use this as an opportunity for additional conversation.