



SWYC:TM 15 months

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

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
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
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

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
1. I am satisfied with the way the company is run.	1	2	3
2. I am satisfied with the way the company treats its employees.	1	2	3
3. I am satisfied with the way the company treats its customers.	1	2	3
4. I am satisfied with the way the company treats the environment.	1	2	3
5. I am satisfied with the way the company treats the community.	1	2	3
6. I am satisfied with the way the company treats its suppliers.	1	2	3
7. I am satisfied with the way the company treats its competitors.	1	2	3
8. I am satisfied with the way the company treats its shareholders.	1	2	3
9. I am satisfied with the way the company treats its creditors.	1	2	3
10. I am satisfied with the way the company treats its unions.	1	2	3
11. I am satisfied with the way the company treats its government.	1	2	3
12. I am satisfied with the way the company treats its society.	1	2	3
13. I am satisfied with the way the company treats its country.	1	2	3
14. I am satisfied with the way the company treats its world.	1	2	3
15. I am satisfied with the way the company treats its future.	1	2	3
16. I am satisfied with the way the company treats its past.	1	2	3
17. I am satisfied with the way the company treats its present.	1	2	3
18. I am satisfied with the way the company treats its future generations.	1	2	3
19. I am satisfied with the way the company treats its past generations.	1	2	3
20. I am satisfied with the way the company treats its present generations.	1	2	3

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:

[illegible]

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
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5 Within the past 12 months, we worried whether our food would run out before we got money to buy more. ☐ ☐ ☐

Over the past two weeks, how often have you been bothered by any of the following problems?

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
1. Little interest or pleasure in doing things				
2. Feeling tired or having little energy				
3. Worrying too much about different things				
4. Trouble concentrating				
5. Trouble sleeping				
6. Feeling restless or unable to sit still				
7. Becoming irritated with other people				
8. Feeling slowed down or that things take more time than they should				
9. Thinking about death or suicide, or hurting yourself				

6 Having little interest or pleasure in doing things? (0) (1) (2) (3)

7 Feeling down, depressed, or hopeless? (0) (1) (2) (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? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7