



SWYC:TM 18 months

18 months, 0 days to 22 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
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
Does your child...			
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
Is your child...			
Aggressive?	0	1	2
Fidgety or unable to sit still?	0	1	2
Angry?	0	1	2
Is it hard to...			
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?	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
(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?	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
(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

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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:

		Yes	No						
1	Does anyone who lives with your child smoke tobacco?	(Y)	(N)						
2	In the last year, have you ever drunk alcohol or used drugs more than you meant to?	(Y)	(N)						
3	Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	(Y)	(N)						
4	Has a family member's drinking or drug use ever had a bad effect on your child?	(Y)	(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.	()	()	()					
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?	(0)	(1)	(2)	(3)				
7	Feeling down, depressed, or hopeless?	(0)	(1)	(2)	(3)				
8	In general, how would you describe your relationship with your spouse/partner?	No tension ()	Some tension ()	A lot of tension ()	Not applicable ()				
9	Do you and your partner work out arguments with:	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?	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)

Child's Name: _____

Date of Birth: _____

Filled Out By: _____

Today's Date: _____

M-CHAT

Please score the interview items on this page. Critical items are marked in **BOLD** and reverse score items, meaning those for which a score of "Yes" indicates risk for autism (11, 18, 20, 22) are noted by the word **REVERSE**.

- | | | |
|---|------------|-----------|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes | No |
| 2. Does your child take an interest in other children? | Yes | No |
| 3. Does your child like climbing on things, such as up stairs? | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | Yes | No |
| 6. Does your child ever use his/her index finger to point, to ask for something? | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | Yes | No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something? | Yes | No |
| 10. Does your child look you in the eye for more than a second or two? | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) (REVERSE) | Yes | No |
| 12. Does your child smile in response to your face or your smile? | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | Yes | No |
| 14. Does your child respond to his/her name when you call? | Yes | No |
| 15. If you point at a toy across the room, does your child look at it? | Yes | No |
| 16. Does your child walk? | Yes | No |
| 17. Does your child look at things you are looking at? | Yes | No |
| 18. Does your child make unusual finger movements near his/her face? (REVERSE) | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes | No |
| 20. Have you ever wondered if your child is deaf? (REVERSE) | Yes | No |
| 21. Does your child understand what people say? | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? (REVERSE) | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |

Critical Score: _____

Total Score: _____