



# SWYC:<sup>TM</sup> 36 months

35 months, 0 days to 46 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
Talks so other people can understand him or her most of the time . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washes and dries hands without help (even if you turn on the water) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks questions beginning with "why" or "how" - like "Why no cookie?" . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains the reasons for things, like needing a sweater when it's cold . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compares things - using words like "bigger" or "shorter" . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answers questions like "What do you do when you are cold?" or "...when you are sleepy?" . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tells you a story from a book or tv . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws simple shapes - like a circle or a square . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Says words like "feet" for more than one foot . . . . . and "men" for more than one man	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like "yesterday" and "tomorrow" correctly . . . . .	<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
<b>Does your child...</b> 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"/>
<b>Is your child...</b> 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"/>
<b>Is it hard to...</b> 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 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
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