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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
Tries to get you to watch by saying "Look at me" · · · · · · · · · · · ·	1	2
Says his or her first name when asked · · · · · · · · · · · · · · · · · ·	1	2
Draws lines · · · · · · · · · · · · · · · · · · ·	1	2
Talks so other people can understand him or her most of the time • • • • •	1	2
Washes and dries hands without help (even if you turn on the water) \cdot $_\odot$	1	2
Asks questions beginning with "why" or "how" - like "Why no cookie?" \cdot $_{\odot}$	1	2
Explains the reasons for things, like needing a sweater when it's cold \cdot $_{\odot}$	1	2
Compares things - using words like "bigger" or "shorter" · · · · · · · · · · · · · · ·	1	2
Answers questions like "What do you do when you are cold?" or "when you are sleepy?"	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? · · · · · · · · · · · · · · · · · · ·	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? · · · · · · · ①	1	2
	Have trouble playing with other children? · · · · · ①	1	2
	Break things on purpose? · · · · · · · · · · · · · · · ·	1	2
	Fight with other children? · · · · · · · · · · · · · · · · ·	1	2
	Have trouble paying attention? · · · · · · · · ①	1	2
	Have a hard time calming down? · · · · · · ①	1	2
	Have trouble staying with one activity? · · · · · ①	1	2
ls your child	Aggressive? · · · · · · · · · · · · · · · · · · ·	1	2
	Fidgety or unable to sit still? · · · · · · · · · ①	1	2
	Angry? • • • • • • • • • • • • • • •	1	2
Is it hard to	Take your child out in public? · · · · · · · · · · · · · ·	1	2
	Comfort your child? · · · · · · · · · · · · · · · · · · ·	1	2
	Know what your child needs? · · · · · · · · ①	1	2
	Keep your child on a schedule or routine? · · · · · ①	1	2
	Get your child to obey you? · · · · · · · · · · · · · · · ·	1	2



PARENT'S OBSERVATIONS OF SOC	JAL INTERAC	HUNS (PUSI			
Does your child bring things to	Many times			Less than	Never
you to show them to you?	a day	a day	a week	once a week	
	<u> </u>	0	O	O	0
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	0	0	0	0	0
When you say a word or wave your hand, will your child try to copy you?	\circ	\circ	\circ	\circ	\circ
Does your child look at you when you	call $\stackrel{\frown}{\sim}$				
his or her name?	0	O	O	O	O
Does your child look if you point to something across the room?	0	0	0	0	0
How does your child usually show you	Says a word	Points to it	Reaches	Pulls me over	Grunts, cries or
something he or she wants?	for what he	with one	for it	or puts my	screams
	or she wants	finger		hand on it	
(please check all that apply)	Ш	Ш		Ш	
What are your shilds for with play	Playing with		Climbing,	Lining up	Watching things
What are your child's favorite play activities?	dolls or stuffed anima	lo.	_	toys or other	go round and round like fans or
douvines.	Stuffed affillia	is you	being active	things	wheels
(please check all that apply)					
For acknowledgments, validation, and other informat	ion concerning the P	OSI, please see wi	ww.theswyc.org/pos	i	
PARENT'S CONCERNS					
	1.21.0		Not At		hat Very Much
Do you have any concerns about your	•	-	nt?	0	0
Do you have any concerns about your	child's behavior	?	O	O	Ü
FAMILY QUESTIONS	oig imposet on ve	مان مامان مامان	alanmant plac	and another a for	w guestione about
Because family members can have a byour family below:	olg impact on yo	our child's dev	eiopment, piea	ase answer a re	w questions about
your fairing below.					Yes No
1 Does anyone who lives with your ch	nild smoke toba	cco?			(N)
2 In the last year, have you ever drun	k alcohol or use	ed drugs more	than you mea	ant to?	Y N
3 Have you felt you wanted or needed		•	•		(Y) (N)
4 Has a family member's drinking or o		-	-	•	(Y) (N)
The analy member of annual general	arag acc ever ii		Never true	Sometimes t	
5 Within the past 12 months, we worried	I whether our foo	od would	\(\text{\text{of tide}}\)		
run out before we got money to buy m	nore.				<u> </u>
Over the past two weeks, how often	have you	Not of	Several	More than	Nearly every day
been bothered by any of the following	ng problems?	Not at	days	half the days	, , , , , , , , , , , , , , , , , , ,
6 Having little interest or pleasure in o	• •	0	1	2	3
7 Feeling down, depressed, or hopele	ess?	•	1	2	3
In general, how would you describe	vour rolationah	in No	Some	A lot of	Not applicable
In general, how would you describe with your spouse/partner?	your relationsh	tensio	n tension	tension	••
with your spouse/partition:		\circ	\circ	\circ	\circ
		No	Some	Great	Not applicable
9 Do you and your partner work out a	rguments with:	difficu	lty difficulty	difficulty	
		0	0	0	0
10 During the past week, how many day or other family members read to you	•		(f) (1) (2) (3) (4)	(5) (6) (7)