



# SWYC™ :

## 4 months

4 months, 0 days to 5 months, 31 days  
V1.05, 5/16/16

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. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Holds head steady when being pulled up to a sitting position . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Brings hands together . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Laughs . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Keeps head steady when held in a sitting position . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Makes sounds like "ga," "ma," or "ba" . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Looks when you call his or her name . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Rolls over . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Passes a toy from one hand to the other . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Looks for you or another caregiver when upset . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Holds two objects and bangs them together . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

### BEHAVIORAL 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? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child have a hard time in new places? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child have a hard time with change? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child mind being held by other people? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child cry a lot? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child have a hard time calming down? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is your child fussy or irritable? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is it hard to comfort your child? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is it hard to keep your child on a schedule or routine? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is it hard to put your child to sleep? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Is it hard to get enough sleep because of your child? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Does your child have trouble staying asleep? . . . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 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

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 smoke tobacco at home?	<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
5 In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/> Y	<input type="radio"/> N

<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>	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
8 In general, how would you describe your relationship with your spouse/partner?	No tension <input type="radio"/>	Some tension <input type="radio"/>	A lot of tension <input type="radio"/>	Not applicable <input type="radio"/>
9 Do you and your partner work out arguments with:	No difficulty <input type="radio"/>	Some difficulty <input type="radio"/>	Great difficulty <input type="radio"/>	Not applicable <input type="radio"/>