

## SWYC: 9 months

**9 months, 0 days to 11 months, 31 days** *V1.08, 9/1/19* 

Child's Name:	
Birth Date:	
Todav's Date:	

## **DEVELOPMENTAL MILESTONES**

Most children	at this age will be	able to do some (b	out not all) of the	e developmental	tasks listed bel	ow. Please tell
us how much	your child is doing	each of these thin	igs. PLEASE BI	E SURE TO ANS	SWER ALL THE	<b>QUESTIONS.</b>

Not Yet	Somewhat	Very Much
Holds up arms to be picked up · · · · · · · · · · · · · · · · · ·	1	2
Gets into a sitting position by him or herself · · · · · · · · · · · · · · · · · · ·	1	2
Picks up food and eats it · · · · · · · · · · · · · · · · · ·	1	2
Pulls up to standing · · · · · · · · · · · · · · · · · · ·	1	2
Plays games like "peek-a-boo" or "pat-a-cake" · · · · · · · · · · · · · · · · · · ·	1	2
Calls you "mama" or "dada" or similar name · · · · · · · · · · · · · · · · · · ·	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	1	2
Copies sounds that you make · · · · · · · · · · · · · · · · · · ·	1	2
Walks across a room without help · · · · · · · · · · · · · · · · · · ·	1	2
Follows directions - like "Come here" or "Give me the ball" · · · · ①	1	2

BABY PEDIATRIC SYMPTOM CHECKLIST	(BPSC
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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? · · · · ①	1	2
Does your child have a hard time in new places? · · · · · · · ①	1	2
Does your child have a hard time with change? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child mind being held by other people? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child cry a lot? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child have a hard time calming down? · · · · · · · · · · · · · · · · · · ·	1	2
Is your child fussy or irritable? ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	1	2
Is it hard to comfort your child? ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	1	2
Is it hard to keep your child on a schedule or routine? · · · · · · ①	1	2
Is it hard to put your child to sleep? · · · · · · · · · · · · · · · · · · ·	1	2
Is it hard to get enough sleep because of your child? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child have trouble staying asleep? · · · · · · · 0	1)	2



PARENT'S CONCERNS					
		Not At	All Somewi	nat Vei	ry Much
Do you have any concerns about your child's learning or de	evelopment?	?	$\circ$		0
Do you have any concerns about your child's behavior?		$\circ$	$\circ$		$\circ$
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?					N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?					N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?   N					
4 Has a family member's drinking or drug use ever had a bad effect on your child?					N
		Never true	Sometimes tr	ue Oft	en true
<b>5</b> Within the past 12 months, we worried whether our food worun out before we got money to buy more.	ould	0	0		0
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 e	very day
6 Having little interest or pleasure in doing things?	(0)	1	2	G	3)
<b>7</b> Feeling down, depressed, or hopeless?	(i)	①	2	`	3)
				`	
ın general, how would you describe your relationship	No tanaian	Some	A lot of	Not app	olicable
with your spouse/partner?	tension	tension	tension		
	No	Some	Great	Not apr	olicable
<b>9</b> Do you and your partner work out arguments with:	difficulty	difficulty	difficulty		
	0	0	O		)
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