### 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.

<table>
<thead>
<tr>
<th>Task</th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names at least one color</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tries to get you to watch by saying &quot;Look at me&quot;</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Says his or her first name when asked</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Draws lines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Talks so other people can understand him or her most of the time</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Washes and dries hands without help (even if you turn on the water)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks questions beginning with &quot;why&quot; or &quot;how&quot; - like &quot;Why no cookie?&quot;</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Explains the reasons for things, like needing a sweater when it's cold</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Compares things - using words like &quot;bigger&quot; or &quot;shorter&quot;</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Answers questions like &quot;What do you do when you are cold?&quot; or &quot;...when you are sleepy?&quot;</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Task</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seem nervous or afraid?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Seem sad or unhappy?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Get upset if things are not done in a certain way?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have a hard time with change?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have trouble playing with other children?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Break things on purpose?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fight with other children?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have trouble paying attention?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have a hard time calming down?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have trouble staying with one activity?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is your child...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggressive?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fidgety or unable to sit still?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Angry?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is it hard to...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take your child out in public?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Comfort your child?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Know what your child needs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Keep your child on a schedule or routine?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Get your child to obey you?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Parent's Observations of Social Interactions (POSI)

**Does your child bring things to you to show them to you?**

<table>
<thead>
<tr>
<th>Many times a day</th>
<th>A few times a day</th>
<th>A few times a week</th>
<th>Less than once a week</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is your child interested in playing with other children?**

- Always
- Usually
- Sometimes
- Rarely
- Never

**When you say a word or wave your hand, will your child try to copy you?**

- Yes
- No

**Does your child look at you when you call his or her name?**

- Yes
- No

**Does your child look if you point to something across the room?**

- Yes
- No

**How does your child usually 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

**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

### Parent's Concerns

**Do you have any concerns about your child's learning or development?**

- Not at all
- Somewhat
- Very much

**Do you have any concerns about your child's behavior?**

- Not at all
- Somewhat
- Very much

### Family Questions

**Because family members can have a big impact on your child's development, please answer a few questions about your family below:**

1. Does anyone who lives with your child smoke tobacco?
   - Yes
   - No

2. In the last year, have you ever drunk alcohol or used drugs more than you meant to?
   - Yes
   - No

3. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?
   - Yes
   - No

4. Has a family member's drinking or drug use ever had a bad effect on your child?
   - 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.
   - Never true
   - Sometimes true
   - Often true

**Over the past two weeks, how often have you been bothered by any of the following problems?**

6. Having little interest or pleasure in doing things?
   - No tension
   - Some tension
   - A lot of tension
   - Not applicable

7. Feeling down, depressed, or hopeless?
   - No tension
   - Some tension
   - A lot of tension
   - Not applicable

8. In general, how would you describe your relationship with your spouse/partner?
   - No difficulty
   - Some difficulty
   - Great difficulty
   - 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