



SWYC: 4 months

4 months, 0 days to 5 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
Holds head steady when being pulled up to a sitting position	☐	☐	☐
Brings hands together	☐	☐	☐
Laughs	☐	☐	☐
Keeps head steady when held in a sitting position	☐	☐	☐
Makes sounds like "ga," "ma," or "ba"	☐	☐	☐
Looks when you call his or her name	☐	☐	☐
Rolls over	☐	☐	☐
Passes a toy from one hand to the other	☐	☐	☐
Looks for you or another caregiver when upset	☐	☐	☐
Holds two objects and bangs them together	☐	☐	☐

Score

BABY 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?	☐	☐	☐
Does your child have a hard time in new places?	☐	☐	☐
Does your child have a hard time with change?	☐	☐	☐
Does your child mind being held by other people?	☐	☐	☐

Does your child cry a lot?	☐	☐	☐
Does your child have a hard time calming down?	☐	☐	☐
Is your child fussy or irritable?	☐	☐	☐
Is it hard to comfort your child?	☐	☐	☐

Is it hard to keep your child on a schedule or routine?	☐	☐	☐
Is it hard to put your child to sleep?	☐	☐	☐
Is it hard to get enough sleep because of your child?	☐	☐	☐
Does your child have trouble staying asleep?	☐	☐	☐

Score

PARENT'S CONCERNS

	Not at all	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	☐	☐	☐
Do you have any concerns about your child's behavior?	☐	☐	☐