



# Survey of Well-being of Young Children (SWYC)

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[www.theSWYC.org](http://www.theSWYC.org)



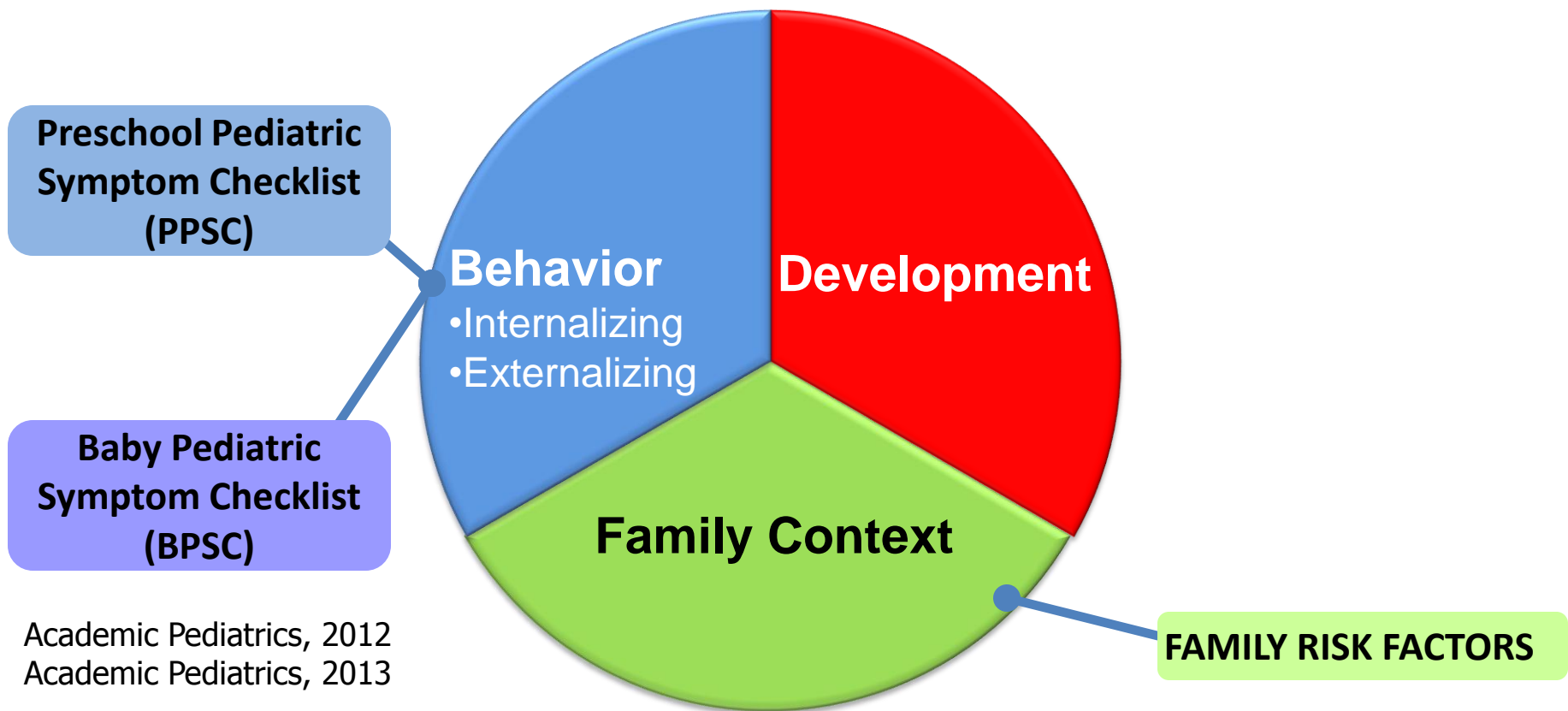
# SWYC Overview

- Comprehensive screening tool (development, behavior, ASD risk, family context)
- Introduced in 2011
- Targeted age range: 1- 65 months
- Parent report measure
- May be administered by pediatricians, other clinicians, early educators

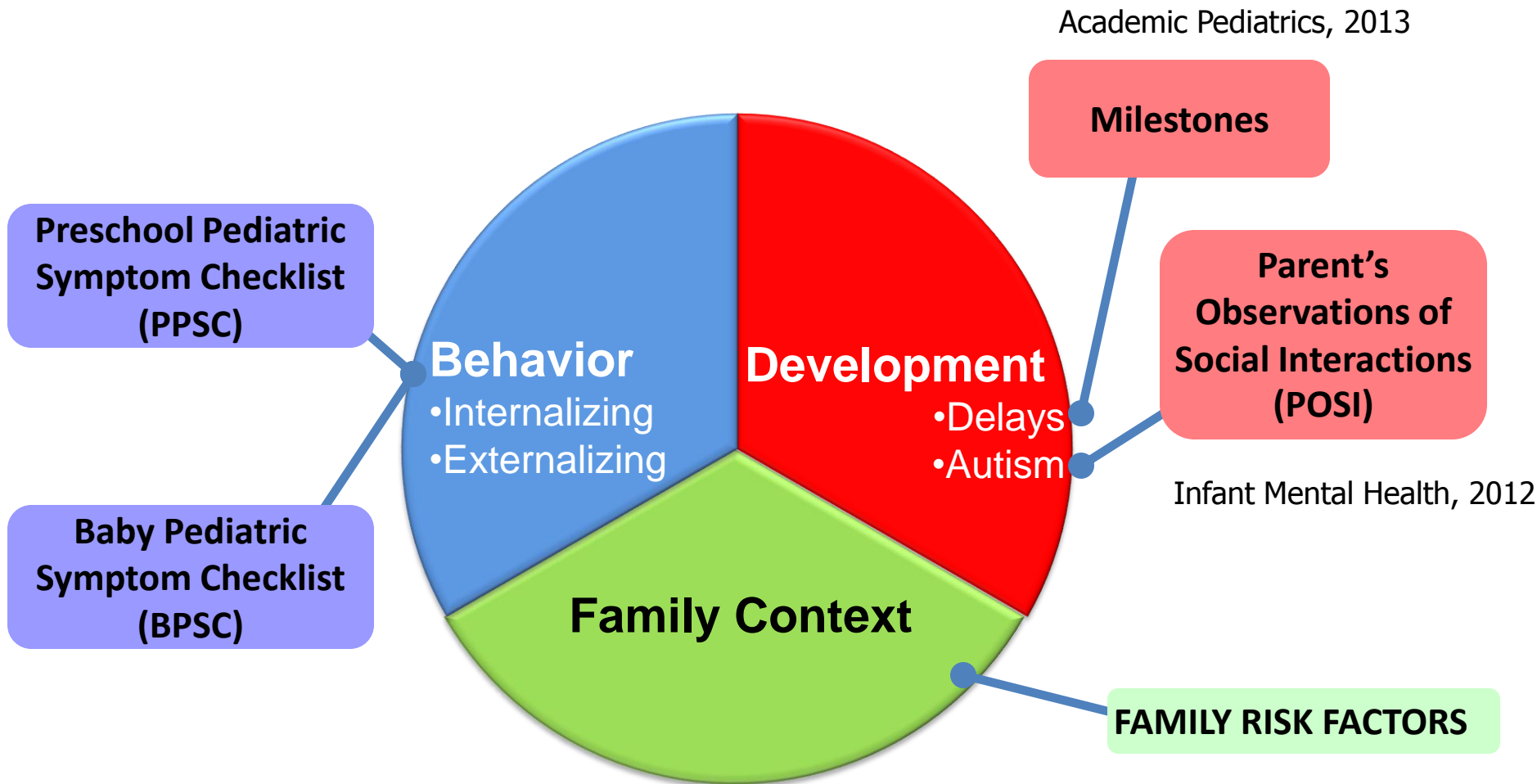


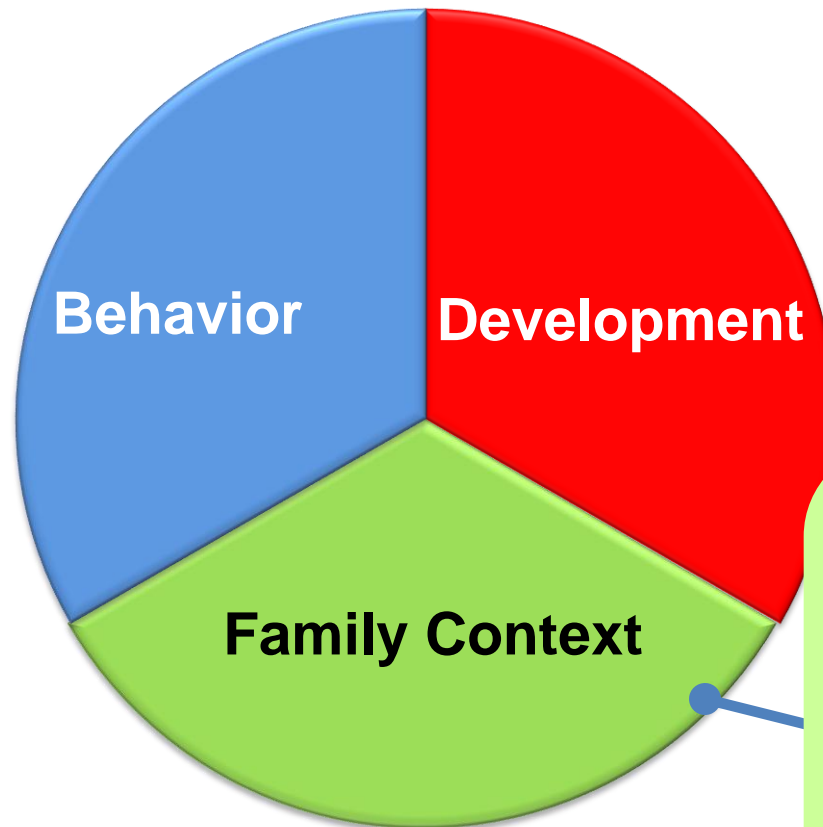
# SWYC Overview (cont.)

- One double-sided form for each typical well-child visit
- Takes about 10 minutes to complete
- Questions are multiple choice and written at a 6<sup>th</sup> grade reading level
- Easy to administer and score
- Free of cost, available at [www.theswyc.org](http://www.theswyc.org)
- Sensitive to cultural differences
- Amenable to electronic format



Academic Pediatrics, 2012  
Academic Pediatrics, 2013





**FAMILY RISK FACTORS**

Depression

❖ PHQ-2

Tobacco use

Alcohol and Other Drug

Abuse

❖ TICS

Family Violence/Discord

❖ WAST

Hunger

❖ Single item screen

# Creation of items

- Wrote and adapted >300 questions based on previously validated screening tests and expert opinion
- Obtained responses from > 1500 parents of children 2 months to 5 years old
- Chose best questions based on statistical analyses of responses
- Borrowed Family Risk items from previously validated screening questionnaires



# Example SWYC Forms

## 12-Month



### SWYC: 12 months

12 months, 0 days to 14 months, 31 days

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
Picks up food and eats it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulls up to standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plays games like "peek-a-boo" or "pat-a-cake"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calls you "mama" or "dada" or similar name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copies sounds that you make	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks across a room without help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows directions - like "Come here" or "Give me the ball"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks up stairs with help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Version 1, 10/1/2013

\*\*\*\*\* Please continue on the back \*\*\*\*\*

## 24-Month



### SWYC: 24 months

23 months, 0 days to 28 months, 31 days

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
Names at least 5 body parts - like nose, hand, or tummy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbs up a ladder at a playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like "me" or "mine"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jumps off the ground with two feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puts 2 or more words together - like "more water" or "go outside"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words to ask for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least one color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tries to get you to watch by saying "Look at me"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Says his or her first name when asked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws lines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 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	
<b>Does your child...</b>	Seem nervous or afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Seem sad or unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Get upset if things are not done in a certain way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have a hard time with change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have trouble playing with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Break things on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fight with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have trouble paying attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have a hard time calming down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have trouble staying with one activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Is your child...</b>	Aggressive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fidgety or unable to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Is it hard to...</b>	Angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Take your child out in public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Comfort your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Know what your child needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Keep your child on a schedule or routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get your child to obey you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Version 1, 10/1/2013

\*\*\*\*\* Please continue on the back \*\*\*\*\*

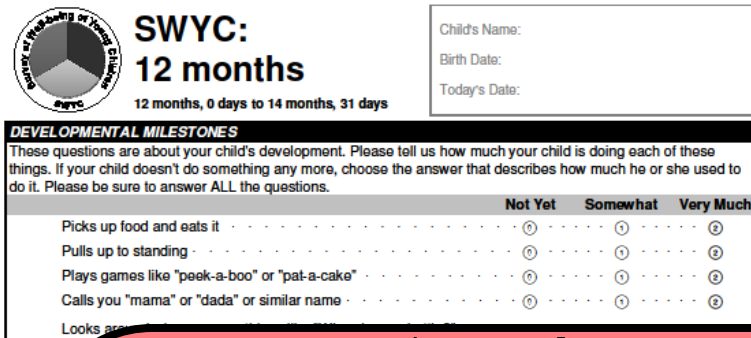


# Example SWYC Forms

## 12-Month

## Milestones

## 24-Month

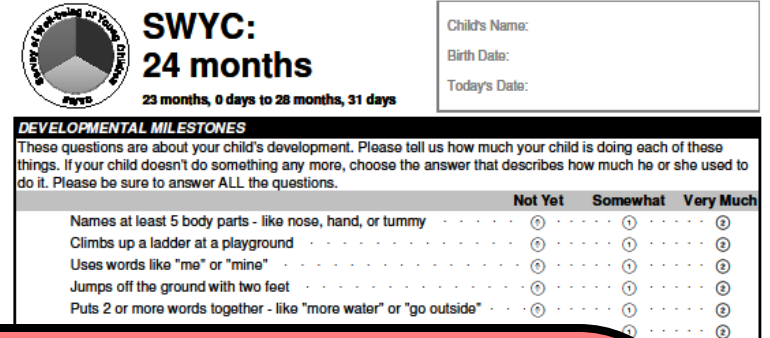


**SWYC: 12 months**  
12 months, 0 days to 14 months, 31 days

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
Picks up food and eats it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulls up to standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plays games like "peek-a-boo" or "pat-a-cake"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calls you "mama" or "dada" or similar name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looks at...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**SWYC: 24 months**  
23 months, 0 days to 28 months, 31 days

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
Names at least 5 body parts - like nose, hand, or tummy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbs up a ladder at a playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like "me" or "mine"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jumps off the ground with two feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puts 2 or more words together - like "more water" or "go outside"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Separate 'form' for each age on pediatric visit schedule
- 10 items per age
- 3 Response options
- Score is sum of items (also IRT scoring)
- Results can be charted on "growth curve"
- Preliminary validation
  - Predicts developmental delay: sensitivity >70% & specificity >70% for most forms
  - Consistent association with ASQ-3 across forms

# Example SWYC Forms


## 12-Month

## 24-Month



**SWYC:**  
**12 months**  
12 months, 0 days to 14 months, 31 days

Child's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Today's Date: \_\_\_\_\_



**SWYC:**  
**24 months**  
23 months, 0 days to 28 months, 31 days

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 does it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Picks up food and eats it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulls up to standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plays games like "peek-a-boo" or "pat-a-cake"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calls you "mama" or "dada" or similar name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copies sounds that you make	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks across a room without help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows directions - like "Come here" or "Give me the ball"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks up stairs with help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
Names at least 5 body parts - like nose, hand, or tummy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbs up a ladder at a playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like "me" or "mine"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jumps off the ground with two feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puts 2 or more words together - like "more water" or "go outside"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words to ask for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least one color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tries to get you to watch by saying "Look at me"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Says his or her first name when asked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws lines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social/  
Emotional  
Behavior

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

**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
<b>Does your child...</b>			
Seem nervous or afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seem sad or unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get upset if things are not done in a certain way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a hard time with change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble playing with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Break things on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble paying attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a hard time calming down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble staying with one activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Is your child...</b>			
Aggressive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidgety or unable to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Is it hard to...</b>			
Take your child out in public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know what your child needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep your child on a schedule or routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get your child to obey you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# Example SWYC Forms

- Based on the *Pediatric Symptom Checklist (PSC)*
- 12 items, three subscales
- Each scale score is sum of items; score  $\geq 3$  is positive
- Cronbach's Alpha:  $\sim .69-.81$  across scales
- Retest reliability:  $.70-.81$  across scales
- Overall BPSC compared to ASQ-SE:  
Sensitivity = 74%, Specificity = 83%

**DEVELOPMENTAL**  
These are the things that children of this age should be able to do. Please check the circle that best describes your child's behavior.

Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copies sounds that you make	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks across a room without help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows directions - like "Come here" or "Give me the ball"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks up stairs with help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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Uses words to ask for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least one color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tries to get you to watch by saying "Look at me"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Says his or her first name when asked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws lines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seem sad or unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not done in a certain way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
one activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know what your child needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep your child on a schedule or routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get your child to obey you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**BPSC  
<18 months**

# Example SWYC Forms

- Based on the *Pediatric Symptom Checklist (PSC)*
- 18 items, one overall scale
- Total score is sum of items; score  $\geq 9$  is positive
- Cronbach's Alpha:  $\sim .87$
- Retest reliability:  $.75$
- Compared to CBCL: Sensitivity = 88%, Specificity = 89%
- Compared to diagnosis: Sens = 86%, Spec = 77%



**DEVELOPMENTAL**  
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.

Picks up small objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulls things apart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plays with blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looks around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least one color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tries to get you to watch by saying "Look at me"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Says his or her first name when asked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws lines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.

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

**PPSC**  
18 months – 5 years

**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
<b>Does your child...</b>	Seem nervous or afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Seem sad or unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Get upset if things are not done in a certain way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have a hard time with change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have trouble playing with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Break things on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fight with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have trouble paying attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have a hard time calming down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Have trouble staying with one activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Is your child...</b>	Aggressive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fidgety or unable to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Is it hard to...</b>	Take your child out in public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Comfort your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Know what your child needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Keep your child on a schedule or routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Get your child to obey you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Back of SWYC Forms

## 12-Month

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					
				Yes	No
1 Does anyone smoke tobacco at home?				<input type="radio"/>	<input type="radio"/>
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?				<input type="radio"/>	<input type="radio"/>
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?				<input type="radio"/>	<input type="radio"/>
4 Has a family member's drinking or drug use ever had a bad effect on your child?				<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>
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 every day	
6 Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7 Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	

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## 24-Month

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)					
	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look at you when you call his or her name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look if you point to something across the room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	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
How does your child usually show you something he or she wants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(please check all that apply)</i>					
	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
What are your child's favorite play activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(please check all that apply)</i>					

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					
				Yes	No
1 Does anyone smoke tobacco at home?				<input type="radio"/>	<input type="radio"/>
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?				<input type="radio"/>	<input type="radio"/>
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?				<input type="radio"/>	<input type="radio"/>
4 Has a family member's drinking or drug use ever had a bad effect on your child?				<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>
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 every day	
6 Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7 Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	

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# Back of SWYC Forms

12-Mo

Autism:  
POSI (16-30 months)

24-Month

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			
	Yes	No	
1 Does anyone smoke tobacco at home?	<input checked="" type="radio"/>	<input type="radio"/>	
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input checked="" type="radio"/>	<input type="radio"/>	
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/>	<input type="radio"/>	
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input checked="" type="radio"/>	<input type="radio"/>	
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 checked="" type="radio"/>	<input type="radio"/>	

- 6 “critical items” based on MCHAT
- 1 additional item about play
- 5 response options
- 3 responses in top 3 categories = positive screen
- Cronbach's Alpha: .83-.86
- Sensitivity: 83% (89% in clinical setting)
- Specificity: 75% (54% in clinical setting)

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)					
	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child interested in playing with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look at you when you call his or her name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look at you if you point to something across the room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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				
	Yes	No		
1 Does anyone smoke tobacco at home?	<input checked="" type="radio"/>	<input type="radio"/>		
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input checked="" type="radio"/>	<input type="radio"/>		
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/>	<input type="radio"/>		
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input checked="" type="radio"/>	<input type="radio"/>		
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 checked="" type="radio"/>	<input type="radio"/>		

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 every day
6 Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not applicable
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not applicable
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Example SWYC Forms

## 12-Month

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		Yes	No
1 Does anyone smoke tobacco at home?		<input type="radio"/>	<input type="radio"/>
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?		<input type="radio"/>	<input type="radio"/>
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?		<input type="radio"/>	<input type="radio"/>
4 Has a family member's drinking or drug use ever had a bad effect on your child?		<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>

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 every day
6 Having little interest or pleasure in doing things?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Feeling down, depressed, or hopeless?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		No tension	Some tension	A lot of tension	Not applicable
8 In general, how would you describe your relationship with your spouse/partner?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		No difficulty	Some difficulty	Great difficulty	Not applicable
9 Do you and your partner work out arguments with:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Previously validated questions selected from the research literature

- Parental depression
- Parental substance use (tobacco, alcohol, other drugs)
- Parental discord
- Hunger

Family Risk Questions

		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		Yes	No
1 Does anyone smoke tobacco at home?		<input type="radio"/>	<input type="radio"/>
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?		<input type="radio"/>	<input type="radio"/>
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?		<input type="radio"/>	<input type="radio"/>
4 Has a family member's drinking or drug use ever had a bad effect on your child?		<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>

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 every day
6 Having little interest or pleasure in doing things?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Feeling down, depressed, or hopeless?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		No tension	Some tension	A lot of tension	Not applicable
8 In general, how would you describe your relationship with your spouse/partner?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		No difficulty	Some difficulty	Great difficulty	Not applicable
9 Do you and your partner work out arguments with:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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# Summary: SWYC

- Accuracy (sensitivity and specificity) comparable to longer screening instruments
- Comprehensive (cognitive, motor, language and social-emotional development; risk factors)
- Amenable to electronic format
- Freely available at [www.theSWYC.org](http://www.theSWYC.org)
- Available in English, Spanish, Burmese, Nepali, and Portuguese



# Current & future work

- RO1 from NICHD:
  - Large-scale validation with “gold standard” assessment
  - Study longitudinal use
  - Comparative effectiveness with other screening instruments
- Translation into other languages
- Study use and value in settings other than pediatrics
- Longitudinal screening
- Electronic administration
- Population surveillance



# Publications

- Sheldrick, R.C. & Perrin, E.C. (2013) Evidence-based milestones for surveillance of cognitive, language and motor development. *Academic Pediatrics*. 13(6):577-86. doi: 10.1016/j.acap.2013.07.001.
- Sheldrick, R.C., Henson, B.S., Neger, E.N., Merchant, S., Murphy, J.M., & Perrin, E.C (2012). The Baby Pediatric Symptom Checklist (BPSC): Development and initial validation of a new social-emotional screening instrument. *Academic Pediatrics*. 2013 13(1):72-80. doi: 10.1016/j.acap.2012.08.003. Epub 2012 Oct 23. epub ahead of print Oct 20 2012. PMID:23092547.
- Sheldrick, R.C., Henson, B.S., Merchant, S., Neger, E.N., Murphy, J.M., & Perrin, E.C (2012). The Preschool Pediatric Symptom Checklist (PPSC): Development and initial validation of a new social-emotional screening instrument. *Academic Pediatrics*, 12(5):456-67. PMID: 22921494.
- Smith, N, Sheldrick, R.C., Perrin, E.C. (2012). An abbreviated screening instrument for Autism Spectrum Disorders. *Infant Ment. Health J.*. doi: 10.1002/imhj.21356. E-pub July 26, 2012.
- Sheldrick, R.C., Neger, E., Perrin, E.C. (2012). Concerns about development, behavior & learning among parents seeking pediatric care. *Journal of Developmental and Behavioral Pediatrics*, 33(2); 156-160
- Sheldrick, R.C., Merchant, S., Perrin, E.C (2011). Identification of developmental-behavioral disorders in primary care: A systematic review. *Pediatrics*, 128:356-363, PMID 21727101.
- Sheldrick, R.C., Perrin, E.C (2009). Surveillance of children's behavior and development: Practical solutions for primary care. *Journal of Developmental and Behavioral Pediatrics*, 30:151-3. PMID 19363367.

