

15 months, 0 days to 17 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
Calls you "mama" or "dada" or similar name · · · · · · ·	• 0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	. (1)	1	2
Copies sounds that you make · · · · · · · · · · ·	. (0)	1	2
Walks across a room without help · · · · · · · · ·	• 0	1	2
Follows directions - like "Come here" or "Give me the ball" · ·	. 0	1	2
Runs	• • 0	1	2
Walks up stairs with help · · · · · · · · · · ·	. 0	1	2
Kicks a ball · · · · · · · · · · · · · · · · · ·	. (0)	1	2
Names at least 5 familiar objects - like ball or milk · · · · ·	. (6)	1	2
Names at least 5 body parts - like nose, hand, or tummy · · ·	• 0	1	2

BABY PEDIATRIC SYMPTOM	I 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 al	I Somewhat	Very Much
Does your child have a hard time being with new people? · · · · · · · · · · · · · · · · · · ·	1	2
Does your child have a hard time in new places? · · · · · · · · · ·	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	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? · · · · · · · · · · · ·	1	2

PARENT'S CONCERNS					
		Not At	All Somew	hat Ve	ery 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
				\bigcirc	N
				\bigcirc	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?				\bigcirc	N
	j	Never true	Sometimes tr	ue O	ften true
5 Within the past 12 months, we worried whether our food wo run out before we got money to buy more.	uld	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	every day
6 Having little interest or pleasure in doing things?	0	1	2		3
7 Feeling down, depressed, or hopeless?	0	1	2		3
In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not ap	oplicable
9 Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not ap	oplicable
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