



SWYC:

1 month, 0 days to 17 months, 31 days
V1.01, 3/11/14

Child's Name:

Birth Date:

Today's Date:

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"/>