

SWYC Scoring Cheat Sheet



SWYC:
9 months

9 months, 0 days to 11 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 up arms to be picked up	0	1	2
Gets into a sitting position by him or herself	0	1	2
Picks up food and eats it	0	1	2
Pulls up to standing	0	1	2
Plays games like "peek-a-boo" or "pat-a-cake"	0	1	2
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?"	0	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

(1) Development

- Add up* to get total score
- Compare to posted cutoffs (also below)

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?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2
Is your child fussy or irritable?	0	1	2
Is it hard to comfort your child?	0	1	2
Is it hard to keep your child on a schedule or routine?	0	1	2
Is it hard to put your child to sleep?	0	1	2
Is it hard to get enough sleep because of your child?	0	1	2
Does your child have trouble staying asleep?	0	1	2

(2) Behavior

- Add up to get total score for each of 3 sections
- Any score of 3 or above is a flag

* Points for each question is # in the circle.

Form	AGE	NEEDS REVIEW	MEETS EXPECTATION
9 months	9 months	≤ 11	≥ 12
	10 months	≤ 13	≥ 14
	11 months	≤ 14	≥ 15

SWYC Scoring Cheat Sheet

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								
Because family members can have a big impact on your child's development, please answer a few questions about your family below:								
			Yes	No				
1 Does anyone who lives with your child smoke tobacco?			<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"/>				
			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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<i>Over the past two weeks, how often have you been bothered by any of the following problems?</i>								
	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"/>				
10 During the past week, how many days did you or other family members read to your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Subjective Developmental Concerns

Drug Use in Home

Food Insecurity

Parental / Guardian PHQ-2

IPV Screen

Reading in Home

****NO SCORING ON THIS SIDE****

Billing & Documentation

- Under "Developmental History" section of Nextgen where you would normally bill the PEDS ("Other screenings", select "Name of Screening Tool" and instead of choosing PEDS, free text "SWYC")
- Under "Results" type: Concern or No concern. If there are any abnormal findings on the SWYC, use the free text box to summarize concerns (example: "Development-needs review; + IPV concerns and +FI")
- Save and Close

SWYC Scoring Cheat Sheet



SWYC™
24 months

23 months, 0 days to 28 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
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts 2 or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2
Names at least one color	0	1	2
Tries to get you to watch by saying "Look at me"	0	1	2
Says his or her first name when asked	0	1	2
Draws lines	0	1	2

(1) Development

- Add up* to get total score
- Compare to posted cutoffs (see below)

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?	0	1	2
Seem sad or unhappy?	0	1	2
Get upset if things are not done in a certain way?	0	1	2
Have a hard time with change?	0	1	2
Have trouble playing with other children?	0	1	2
Break things on purpose?	0	1	2
Fight with other children?	0	1	2
Have trouble paying attention?	0	1	2
Have a hard time calming down?	0	1	2
Have trouble staying with one activity?	0	1	2
Is your child... Aggressive?	0	1	2
Fidgety or unable to sit still?	0	1	2
Angry?	0	1	2
Is it hard to... Take your child out in public?	0	1	2
Comfort your child?	0	1	2
Know what your child needs?	0	1	2
Keep your child on a schedule or routine?	0	1	2
Get your child to obey you?	0	1	2

(2) Behavior

- Add up to get total score
- Score of 9 or greater is "at risk"

Flooding Hospital
for Children
Tufts Medical Center

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

* Points for each question is # in the circle.

Form	AGE	NEEDS REVIEW	MEETS EXPECTATION
24 months	23 months	≤ 10	≥ 11
	24 months	≤ 11	≥ 12
	25 months	≤ 12	≥ 13
	26 months	≤ 13	≥ 14
	27 months	≤ 14	≥ 15
	28 months	≤ 15	≥ 16

SWYC Scoring Cheat Sheet

(3) POSI (Autism Screen) – Total Points = 7; Score of 3 or more = AT RISK

Any selection here = 0 points Any selection here = 1 point

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)					
Does your child bring things to you to show them to you?	Many times a day <input type="radio"/>	A few times a day <input type="radio"/>	A few times a week <input type="radio"/>	Less than once a week <input type="radio"/>	Never <input type="radio"/>
Is your child interested in playing with other children?	Always <input type="radio"/>	Usually <input type="radio"/>	Sometimes <input type="radio"/>	Rarely <input type="radio"/>	Never <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"/>
How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants <input type="checkbox"/>	Points to it with one finger <input type="checkbox"/>	Reaches for it <input type="checkbox"/>	Pulls me over or puts my hand on it <input type="checkbox"/>	Grunts, cries or screams <input type="checkbox"/>
(please check all that apply)					
What are your child's favorite play activities?	Playing with dolls or stuffed animals <input type="checkbox"/>	Reading books with you <input type="checkbox"/>	Climbing, running and being active <input type="checkbox"/>	Lining up toys or other things <input type="checkbox"/>	Watching things go round and round like fans or wheels <input type="checkbox"/>
(please check all that apply)					

* If parent chooses more than one, score selection farthest to the right

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"/>

Subjective Developmental Concerns

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
1 Does anyone who lives with your child smoke tobacco?	<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 checked="" 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"/>

Drug Use in Home

	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Food Insecurity

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"/>

Parental / Guardian PHQ-2

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"/>

IPV Screen

10 During the past week, how many days did you or other family members read to your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Reading in Home

NO SCORING HERE

Billing & Documentation

- Under "Developmental History" section of Nextgen where you would normally bill the PEDS ("Other screenings", select "Name of Screening Tool" and instead of choosing PEDS, free text "SWYC")
- Under "Results" type: Concern or No concern. If there are any abnormal findings on the SWYC, use the free text box to summarize concerns (example: "Development-needs review; + IPV concerns and +FI")
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