

1 months, 0 days to 3 months, 31 days V1.08, 9/1/19

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

Somewhat Very Much

Not Yet

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

Makes sounds that let you know he or she is happy or upset · · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2							
Makes sounds like "ga," "ma," or "ba" · · · · · · · · · · · ·	1	2							
Looks when you call his or her name · · · · · · · · · · · · ·	1	2							
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? · · · · · · · · · · · · · · · · · · ·	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							
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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									
	Somewhat Ve	ry Much							
Do you have any concerns about your child's learning or development?	\circ	\bigcirc							
Do you have any concerns about your child's behavior?	\bigcirc	\bigcirc							

Tufts Children's Hospital

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1 Does anyone who lives with your child smoke tobacco? 2 In the last year, have you ever drunk alcohol or used drugs more than you meant to? 3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year? 4 Has a family member's drinking or drug use ever had a bad effect on your child? 5 Within the past 12 months, we worried whether our food would run out before we got money to buy more. 6 In general, how would you describe your relationship with your spouse/partner? 7 Do you and your partner work out arguments with: 8 During the past week, how many days did you or other family members read to your child? 8 During the past week, how many days did you or other family members read to your child? 8 During the past week, how many days did you or other family members read to your child? 8 During the past week, how many days did you or other family members read to your child? 8 During the past week, how many days did you or other family members read to your child? 8 During the past week, how many days did you or other family members read to your child? 8 During the past week, how many days did you or the past week how you family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today. 11 have been able to laugh and see the funny side of things As much as I always As much as I always Yes, some of the time Yes, sometimes Yes, sometimes Yes, sometimes No, not at all Yes, sometimes No, not at all Yes, sometimes Not very often Not very often No, not at all	FAMILY QUESTIONS	a a a la Halla de la									
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