

ACEs

Adverse Childhood
Experiences/Trauma

Pediatric Screening Toolkit

Mission: To prevent, identify and treat Adverse Childhood Experiences

MaineHealth

www.mainehealth.org/aces

Introduction to the ACEs Pediatric Screening Toolkit

Adverse Childhood Experiences (ACEs) and food insecurity are pervasive health issues affecting children and families throughout Maine. Healthcare providers and their teams have the unique opportunity to understand, identify and address these challenges and promote healthy development in children, youth and their families.

This toolkit offers a standard set of strategies and tools designed for all members of the care team. It is intended to help your practice improve care through early identification and includes quick start guides, screening workflows and communication techniques.

For more information or support contact the ACEs and Food Insecurity teams at childhealth@mainehealth.org.

ACEs Pediatric Screening Toolkit

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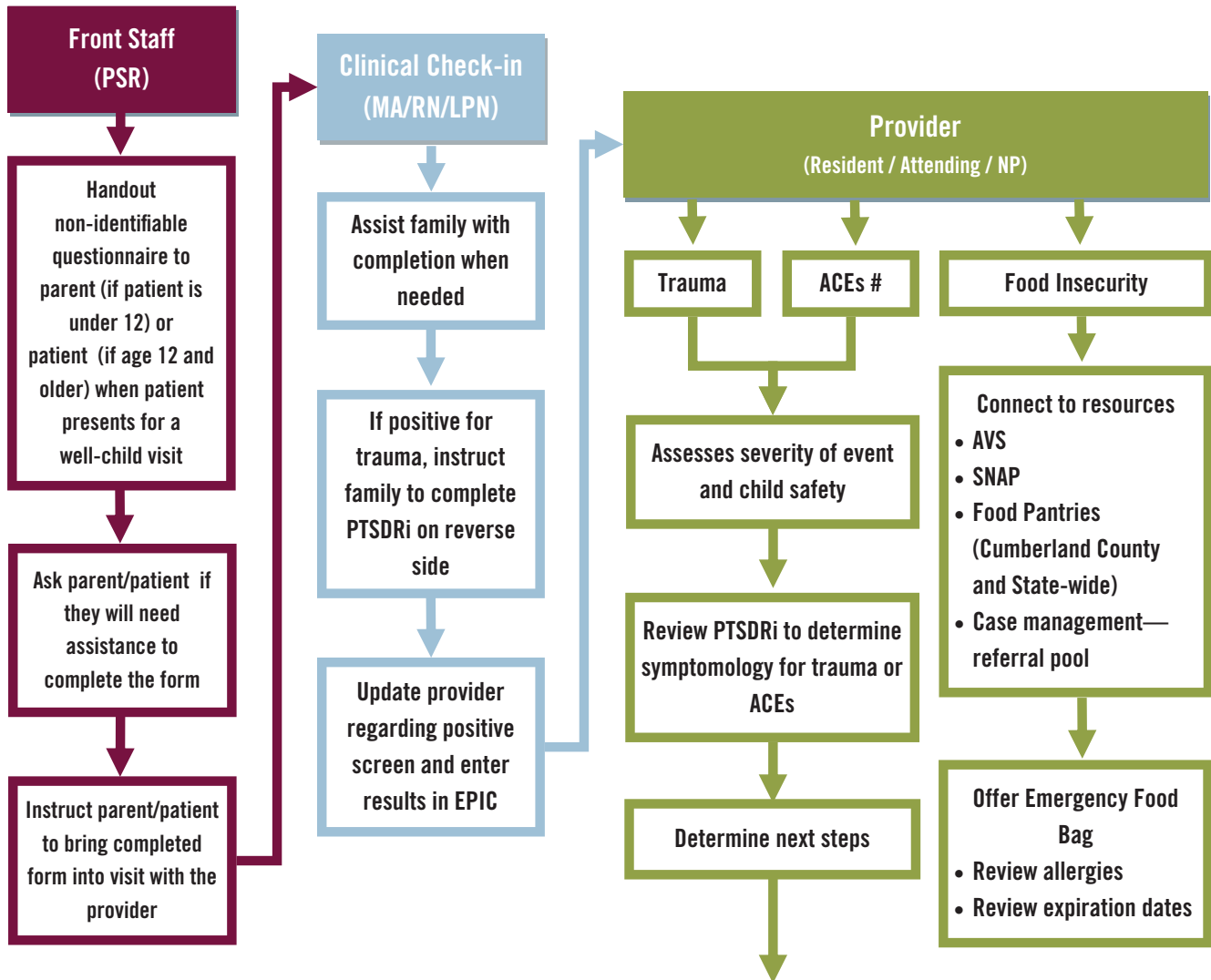
Screening Schedule for Well Child Visits

	Trauma/ Food	Trauma/ Food/ACE#	Trauma- CRAFTT- PHQ2-ACE#	SWYC-ACE#	MCHAT	5210
3-5 Days	X					
2-4 Weeks	X					
2 Months	X					
4 Months	X					
6 Months	X					
9 Months				X		
12 Months	X					
15 Months				X		
18 Months	X				X	
24 Months	X				X	X
30 Months				X		
3-5 Years		X				X
6-11 Years		X				X
12-21 Years *			X			X

* Hand both directly to patient.

WORKFLOW

Parent/Patient Questions

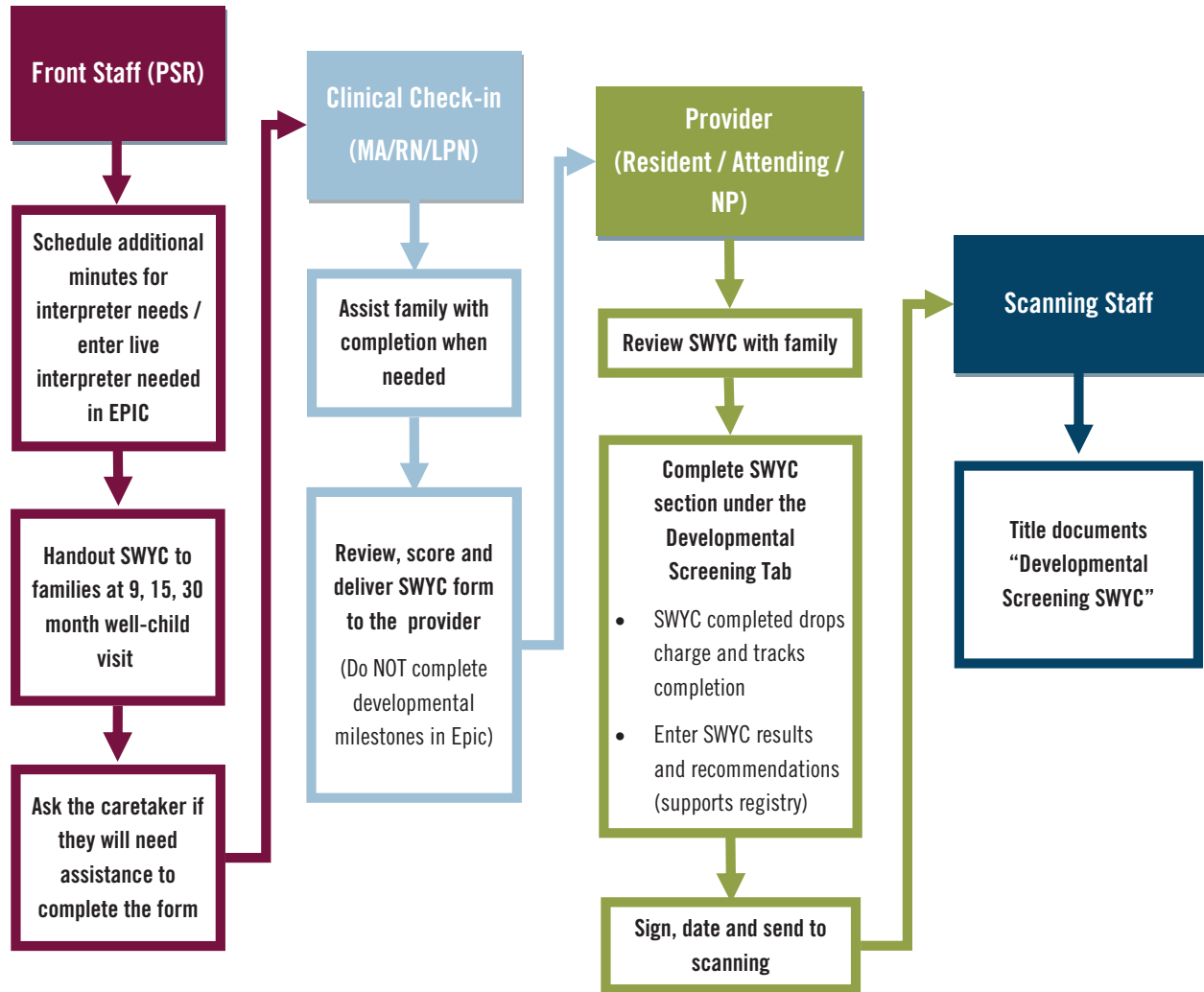


Determine next steps based on severity of the trauma, aPTSDRi score, the number of other ACEs, safety concerns and access to resources. One or more of the following interventions may be appropriate:

- Close monitoring and follow up by Primary Care Provider with safety planning as appropriate
- Warm hand-off or referral to integrated behavioral health clinician
- Referral to Maine Behavioral Healthcare / MMC Child Psychiatry
- Referral to Child Developmental Services (CDS)
- Case management or community resources
- Referral to DHHS if there is a concern for abuse/neglect/safety of the child
- Use AVS dot phrase

WORKFLOW

Survey of Well-being Young Children (SWYC)



Determine next steps based on a SWYC with a needs review score, a high ACE score, safety concerns and access to resources. One or more of the following interventions may be appropriate:

- Teach self-care and resiliency building skills to parents.
- Close monitoring and follow up by Primary Care Provider with safety planning as appropriate
- Warm hand-off or referral to integrated behavioral health clinician
- Referral to Maine Behavioral Healthcare / MMC Child Psychiatry
- Referral to Child Developmental Services (CDS)
- Case management or community resources
- Referral to DHHS if there is a concern for abuse/neglect/safety of the child

TRAUMA

Quick Start Guide & Scoring

What is a trauma screener?

The two question trauma screener aims to help patients and parents to safely express difficult or traumatic experiences. The tool, which is consistent with JCAHO and AAP guidelines, screens for and addresses childhood exposure to violence and trauma and is designed for use at well child visits from birth through age 21.

Why is screening for trauma important?

The data is clear! Understanding, preventing and treating traumatic and adverse experiences will improve the health of our patients and families.

1. ACEs/Trauma are common. Over 60% of children are exposed to violence in the US.¹ In 2017, 23% of Maine high school students report 3 or more ACEs.²
2. ACEs/Trauma affect long-term health. Exposure to violence, abuse or neglect, parental substance abuse, incarceration, mental illness or separation/divorce impact a child's developing brain and body and affect long-term health.³
3. ACEs/Trauma frequently result in symptoms such as: developmental delays, emotional outbursts, anxiety, depression, behavioral concerns, inattention, sleep issues or unexplained physical complaints.

Scoring the screener

A **YES** answer on either question is considered a positive screening.

- 0 through 11 years of age: the parent should complete the questions
Has anyone hurt or frightened you or your child recently or in the last year? **Yes No**
Has anything bad, sad, or scary happened to you or your child recently or in the last year? **Yes No**
- 12 and older: the adolescent should confidentially complete the questions
Has anyone hurt or frightened you recently or in the last year? **Yes No**
Has anything bad, sad, or scary happened to you recently or in the last year? **Yes No**

If there is a **YES** on either of the two questions, the clinical team should ask the patient/provider to complete the Abbreviated Post Traumatic Stress Disorder Reaction Index (aPTSD-RI) screener. *Please see the aPTSD-RI Quick Start Guide for additional information.*

Support and treatment are available.

1. Earlier identification and treatment are the most effective ways to decrease long-term symptomology. The science of neurobiology and behavioral health shows that we can increase resiliency for families and children against ACEs/Trauma.
2. Caregivers are essential to helping children recover, heal, and thrive after a traumatic experience.
3. Behavioral health treatments, proven to be highly successful in reducing the negative effects of trauma, are available in our community. A warm hand-off to the integrated behavioral health clinician is the best way to connect a patient to treatment.

¹. *Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., and Kracke, K. 2009. Children's Exposure to Violence: A Comprehensive National Survey. Bulletin. Wash, DC: U.S. Dep of Justice, Office of Juvenile Justice and Delinquency Prevention.

². Maine Integrated Youth Health Survey 2017

³. The Lifelong Effects of Early Childhood Adversity and Toxic Stress, Pediatrics 2012;129:e232; December 26, 2011

Tips for the screening process

1. Introduce the questions in a trauma-informed manner:
 - a. Have the patient/parent complete the questions on a de-identified form which is more effective than having staff directly ask the questions.
 - b. Explain that the questions are confidential, given to ALL families at well child visits and are voluntary.
 - c. Explain that the questions help us to provide the best care possible.
 - d. Offer assistance when needed and thank the patient/parent for completing the questions.
2. Incorporate the trauma question results with other components of the well child visit, including the ACEs number, family strengths, barriers and risks, developmental and academic milestones, medical and behavior health symptomology, past medical history and exam information for a comprehensive assessment.
3. Decide significance of event based on comprehensive assessment and utilize the aPTSD-RI used to determine symptoms. The tool is quick to use and will help guide the treatment plan.
4. Provide families and patients information about:
 - a. The impact of ACEs and traumatic experiences.
 - b. Positive approaches to parenting and how to build resiliency (*see resiliency overview tool*).
 - c. The importance of routine and healthy habits: sleep, nutrition, exercise, reading, meditation.
 - d. The efficacy of behavioral health treatments in treating trauma and adverse experiences.
 - e. Use the dot phrase .PTSDTOXICSTRESSCHILDHOOD to provide parental information in the Epic after visit summary (AVS) (*see right*).
5. Support/refer:
 - a. Ensure child is not in imminent danger.
 - b. Provide empathy and advice on steps to increase resiliency.
 - c. Schedule follow up to monitor the child/family's progress.
 - d. Refer to Maine Behavioral Healthcare clinicians who are trained in evidence-based trauma treatments via warm hand-off in office or by phone 1-844-292-0111.

Talking to your children after trauma

Parents and other trusted adults may feel lost when trying to talk to kids about scary events. It is natural to feel this way. It may help to:

- **Talk about safety.** Kids need to know that you know an event happened and how you are going to help them feel safe.
- **Share age-appropriate information.** Children need information to make sense of what happened. Kids don't need a lot of details, keep the message short, and in words your child understands.
- **Keep a routine.** Kids need extra love and care after trauma. Stick to regular meal times and bed times to help children heal and feel safe again.
- **Let kids express their feelings when they are ready.** Kids can process their feelings through art, play or being creative. Asking simple questions while they are playing or drawing shows that you care and understand that a scary event happened. You could ask "what were you feeling?", "do you think about what happened?" to check-in with them.
- **Make simple, caring statements of comfort.** Children need to understand their feelings to feel supported, safe and cared for. "I love you" or "I am here to listen if you want to talk about what happened" can help a child try to make sense of a traumatic event. Do your best not to down-play their feelings by saying "don't think about it" or "I know just what you are feeling". Saying things like this can make it harder for your child to talk about the event.

When to seek help for your child

It may be time to seek help when:

Your child has

- Trouble going to school or inability to pay attention at school, grades slipping
- Arguments with friends, or desire not to be with friends
- Oversleeping or not able to sleep, nightmares
- Lost skills or abilities they once had and/or they aren't gaining new skills. For example if your child was toilet trained and is now having accidents.
- Behaviors that is risky such as running away, physical fighting, or using drugs or alcohol. Young children may have extreme tantrums or frequent aggression towards self or others.

Or when your child

- Seems sad, hopeless or withdraws from activities they used to love
- Seems unable to enjoy daily activities due to feelings of fear or anxiety. Having fears of things they were not afraid of before
- Begins talking about death or dying or is trying to hurt themselves

Mental health treatment can help. Please call Maine Behavioral Healthcare at **1-844-292-0111** to make an appointment with someone who can help your child recover from a traumatic event.

TRAUMA

Sample Language for Providing Support

Normalize: *“One of the reasons we ask these questions is because so many children and adolescents experience upsetting events. Sometimes experiencing these types of events affects how we feel, behave, think, and our health. Can you tell me a little bit more about why you answered yes to these questions?”*

Collaborate: *“I am so grateful that you answered these questions and trusted us enough to share this information. I want to partner with you to determine the best way to help you be the healthiest and safest you possible.”*

Ask permission: *“I’d like to ask you a few additional questions about this so we can figure out the best way to help you feel less _____ (stressed, scared, anxious, sad, bad, etc.) Is that ok?”*

Psychoeducation: *“Remember how I said that sometimes stressful events can affect our thoughts, feelings, and behaviors? Your answers to these questions are making me wonder if some of these thoughts and feelings are related to what you told me about (bullying, friend suicide, etc.)... These feelings and thoughts are really normal and I see many kids who have similar experiences and feelings.”*

Symptomology: *“Do you mind if I ask you a few questions about how this experience is affecting you?”* (Utilize the aPTSD-RI)

Follow-up and Support: *“I have someone I work with who is an expert in helping kids who are experiencing this type of stress. I’d like to bring her/him in because I think perhaps the three of us could work on this together. Is that ok?”*

ACE NUMBER

Quick Start Guide & Scoring

What is an ACEs number screener?

An ACE score measures the exposure of a child to 10 different categories of adverse childhood experiences or ACEs. Five categories are directly related to the patient (physical abuse, verbal abuse, sexual abuse, physical neglect and emotional neglect). Five categories are related to the parents or other household members (separation or divorce, a problem with drinking or drugs, interpersonal violence, incarceration, and mental illness).

Why is an ACE score important?

ACEs are common across all social-demographic populations. In 2017, 23% of Maine high school students reported three or more ACEs. Exposure to ACEs increases the risk of developmental delay, academic problems, behavioral health difficulties, such as depression, anxiety, suicide and substance abuse and multiple chronic diseases. As the ACE score increases, the risk of long-term health issues significantly increases along with it. A positive ACE score does not mean that a patient will develop these problems it only highlights the increased risks for them.

The science of neurobiology and behavioral health shows that we can build resiliency for families and children against ACEs before and after they occur. We can educate parents about how to build resiliency throughout child development. We can learn about and support the strength and resiliency of the families and patients we serve. We can help parents and adolescents understand the connection between ACEs and health. We can connect children and families to behavioral health treatments proven to be highly effective in reducing the negative effects of trauma.

Tips for the screening process

1. Introduce the ACE tool in a trauma-informed manner.
 - a. Explain that the questionnaire is confidential, given to ALL families at well child visits, voluntary and the answers will help us to provide the best care for them and their child.
 - b. Offer assistance when needed and thank the patient/parent for completing the questions.
2. Incorporate the trauma question results with other components of the well child visit, including the ACEs number, family strengths, barriers and risks, developmental and academic milestones, medical and behavior health symptomology, past medical history and exam information for a comprehensive assessment.
3. Provide families and patients information about:
 - a. The impact of ACEs and traumatic experiences.
 - b. Positive approaches to parenting and how to build resiliency.
 - c. The importance of healthy habits: sleep, nutrition, exercise, reading, meditation and routine.
 - d. The efficacy of behavioral health treatments in treating trauma and adverse experiences.

Addressing an ACE score using a trauma-informed approach

Key components of a trauma-informed approach include: asking permission to discuss the ACE score or other difficult subjects, listening and communicating in a non-judgmental manner, collaborating on a plan with the goal of empowering families and patients to make positive change.

If there is a positive ACE score, it is recommended that the provider consult with the Integrated Behavioral Health Clinician as one part of the treatment plan. Connecting the family with additional MaineHealth and community supports is also essential to building resiliency.

ACE SCORE	RECOMMENDED SUPPORT
ACE score = 0	Provide anticipatory guidance and follow-up at well child visits.
ACE score = 1-2 and the patient does NOT present with additional symptomology	Provide anticipatory guidance and close follow-up. Consider referral (with warm handoff if available) with the integrated behavioral health clinician.
ACE score equals 1-2 and the patient DOES present with additional symptomology (listed below)	Provide anticipatory guidance, close follow-up and offer referral (with warm handoff if available) to the integrated behavioral health clinician.
ACE score equals ≥ 3	Screen for symptomology (listed below), provide anticipatory guidance, and close follow-up. Refer all children (with warm handoff if available) with $ACE \geq 3$ to integrated behavioral health clinician.

The presence of certain symptoms or behaviors should increase concern when paired with ACEs. Consider educating parents about the symptom or behavior clusters for which adversity could be the source (i.e. emotional or behavioral dysregulation, language delays, sleeping difficulties, etc.). When an ACE score is positive, complete the aPTSD-RI to identify symptoms related to specific traumatic events. Symptoms and behaviors can include:

1. Developmental Delay or Regression (Developmental Milestones/SWYC)
2. Failure to Thrive
3. Unexpected Weight gain or loss
4. Attachment Concerns: does not respond well to care givers, separation anxiety, etc.
5. Withdrawn Numbing Behavior
6. Frequent Crying or Excessive Fussiness
7. Frequent Angry and/or Aggressive Behavior
8. Hypervigilance, Heightened Fear Responses
9. Trouble Sleeping or Eating
10. Poor Control of Chronic Disease (asthma, diabetes, other)
11. Unexplained Somatic Complaints
12. Academic Difficulties
13. Anxiety, Depression, ADHD
14. Substance Abuse or Other High-Risk Behaviors in Adolescents

Support and treatment are available.

1. **Integrated Behavioral Health:**
 - Behavioral health issues: anxiety, ADHD, depression, substance abuse, trauma (including referrals from SWYC, PHQ, CRAFFT and ACE number screenings), grief/loss, school difficulties, bullying and obesity (5210)
 - Chronic disease
 - Parenting and family/relationship concerns and domestic violence
 - Triage and linkage to additional services, including psychiatry, case management, and other community resources
2. **Social Work/Health Guide Case Management:**
 - Housing, heating and financial assistance, medical care, transportation, childcare and insurance
 - Referrals to Child Development Services (CDS) and local food pantries
MMP Care Transitions Clinical Pool (940900)
3. **Nurse Care Management:**
 - Patients with complex medical, social, behavioral or mental health illness
 - Assistance with medication teaching, diet and activity, disease education and support

ACE NUMBER

Sample Language for Providing Support

Discussing the ACE screener: *“Thank you for letting us know this number on the ACE Screener. Do you mind if I explain why we screen for this number?”*

“An ACE score measures how many experiences your child may have had that are highly stressful or potentially traumatic. Exposure to stressful experiences like these listed may increase the amount of stress hormones that a child’s body makes and this can increase their risk for health and developmental problems. However, children are resilient and there are also many factors that can help you help your children build their resilience.”¹

“Would you like to hear more about ways to build resilience in your child?”

Normalize: *“A lot of children have experienced ACEs or upsetting events that can affect your child’s health and development. Some of the reactions and developmental tasks highlighted in the SWYC screener can be impacted by these types of stressors, so looking at the two together helps us get a clearer understanding about how your child is developing.”*

Ask permission: *“I see that you have marked down 3 adverse childhood events. Do you mind if I ask about symptoms that may be related to an ACE score of 4?” (Ask about sleep, appetite, stress management, mood, changes in medical health presentation, and regressions in tasks, self-soothing capacity, social interactions, and attachment features like if they are clingier or more distancing)*

“I want to partner with you to determine the best next steps for you and your child based on this information. Is it okay if we discuss the specific events that have occurred? Would it be okay to ask a few more questions and share some information about development, stress, and building resilience?”

Information gathering: *“What is going well? What are the challenges? What do you love about your child?”*

Collaborate: *“I want to partner with you to determine the best next steps for you and your child based on this information. It is really important to me that you feel like you can talk to me about these concerns. We can try to figure this out together.”*

Psychoeducation: *“ACEs are common and can have a cumulative impact on development. Given your child’s age, it looks like there are some struggles that are common at this stage of development and some that might indicate that your child is experiencing stress symptoms. Here are some key things to consider that are known to promote a child’s ability to recover from stressful events: safe and supportive environments, sleep, nutrition, exercise, play, reading, and routines.”*

“Remember how I said that sometimes stressful events can affect our thoughts, feelings, and behaviors? Your answers to these questions are making me wonder if some of these thoughts and feelings are related to what you told me about (bullying, friend suicide, etc.)... These feelings and thoughts are really normal and I see many kids who have similar experiences and feelings.”

Safety: *“You probably have already thought about how to keep you and your child safe during these times, what can I/we do to help you and your child stay safe today and moving forward?”*

Follow-up and Support: *“I would like to schedule a time for you to come back so that we can monitor how these things are going. I also have someone I work with who is an expert in helping kids who are experiencing this type of stress. I’d like to bring her/him in because I think perhaps the three of us could work on this together. Is that ok?”*

¹. Adapted from Center for Youth Wellness

Abbreviated UCLA PTSD-RI

Quick Start Guide & Scoring

What is the abbreviated PTSD-RI?

- The UCLA Post Traumatic Stress Disorder Reaction Index (PTSD-RI) in its full version is a valid and reliable symptom screener for PTSD symptoms that can help practitioners identify clinically significant symptoms of PTSD in children and adolescents.
- In its full version, it is a 31-item tool that includes subscales that measure symptom clusters associated with PTSD, as well as overall PTSD.¹
- The PTSD-RI has been abbreviated to meet the demands for rapid screening processes in order to make more informed treatment referrals in certain settings, such as healthcare. The abbreviated nine item tool has been embedded into Epic.²

Why is the Abbreviated PTSD-RI important?

- This tool is a quick screener for clinically significant post-traumatic stress symptoms, which are often associated with trauma and ACEs exposure. Understanding the severity and frequency of post-traumatic stress reactions will help you determine your next steps and treatment plan for supporting children.
- Providing early intervention and referral to additional supports for children who are symptomatic for post-traumatic stress symptoms can mitigate negative consequences while increasing the likelihood for more positive outcomes following trauma and ACEs exposure.

Tips for the screening process

When a child screens positive on the two-question trauma screener or ACE screen, complete the abbreviated PTSD-RI. It is recommended that you ask the child (9 and older) these questions directly and provide clarifying information for any questions the child may have. For older adolescents and parents of children 8 years old and younger, you can ask directly or hand them the screener to fill out. For children who have difficulty with the concept of frequency, use the attached rating sheets to help assist them in rating their reactions.

Scoring the screener

- Children 8 years and younger with a score 3 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for Trauma Focused Cognitive Behavioral Therapy (TF-CBT) treatment.
- Children ages 9 and older with a score of 10 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for TF-CBT treatment.

Score the screener and review the results with the child and/or family. If the screener is positive, it is strongly recommended to provide a warm hand-off to the integrated behavioral health clinician in your office. If a warm hand off is not available, an appointment with the behavioral health clinician can be scheduled upon check out. If a referral is being sent to a community clinician, one trained in trauma intervention is recommended. All referrals should be closely tracked to ensure completion of the referral. Maine Behavioral Healthcare can help.

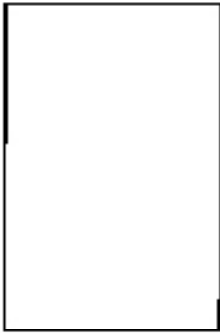
IMPORTANT NOTE: A positive screen on the abbreviated PTSD-RI does not endorse a diagnosis of Post Traumatic Stress Disorder. You should emphasize this to the patient and family. If you are concerned that the child is meeting full criteria for PTSD, you should refer to your behavioral health clinician for a more thorough diagnostic assessment.

¹. *Steinberg, A. M., Brymer, M. J., Kim, S., Ghosh, C., Ostrowski, S. A., Gulley, K., Briggs, E. C., Pynoos, R. S. (2013). Psychometric properties of the UCLA PTSD Reaction Index: Part I. *Journal of Traumatic Stress, 26*: 1-9.

². Cohen, J.A., Kelleher, K.J., Mannarino, A.P. (May 2008). Identifying, Treating, and Referring Traumatized Children: The Role of Pediatric Providers. *Pediatrics and Adolescent Medicine, 162* (5): 447-452.

For children who have difficulty with the concept of frequency, use the rating sheet below to help assist them in rating their reactions.

PTSD-RI Rating Sheet



None



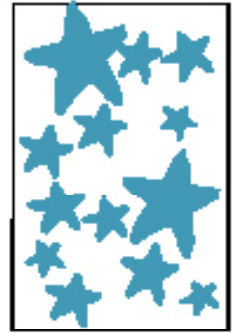
Little



Some



Much



Most

Abbreviated UCLA PTSD-RI

Sample Language for Providing Support

Normalize and Ask Permission:

- **Introducing the PTSD-RI to Patients:** *“The following questions refer to common problems, feelings or thoughts children can have after bad, sad, or scary things happen. Can I ask you some questions to see if you have experienced any of these feelings, thoughts, or reactions? Please think about the bad thing that happened to you and the one that bothers you the most right now. For each question, circle or tell me the number that tells how often this has happened in the past month, even if the bad thing happened a long time ago. There is a rating sheet to help you decide which number fits best.”*

Psychoeducation, Collaboration and Follow-up:

- **Positive Screen:** *“I have added up the answers to your questions and it looks like you are experiencing feelings and reactions that may be connected to ---- (insert trauma event here). This is very normal and we know that it can be really important to get support around these feelings and reactions so that we bring down ---(note reactions endorsed). I'd like to bring in our provider who is an expert in helping kids feel better after bad things have happened. Is that okay with you?” (Begin warm hand-off or referral process)*
- **Negative Screen:** *“You said you weren't experiencing many of these symptoms. Even though you said these weren't a problem for you, I want you to know that these reactions/responses/feelings are common for many people who have experienced ---- (note trauma experienced). Are there any other things you've noticed since ----- (note trauma) has happened? If you do notice any of these feelings or reactions in the future or they begin happening more often, we want to know because there are things we can do to help you feel better.”*

FOOD INSECURITY

Quick Start Guide & Scoring

What is a food insecurity screener?

The Hunger Vital Sign™ is a validated two question food insecurity screening tool. Food insecurity, as defined by the USDA, is a household-level economic and social condition of limited or uncertain access to adequate food. It is the lack of access to enough food for a healthy, active life.

Developed in 2010 by Children's HealthWatch, the two questions were drawn from the USDA's 18-question Household Food Security Scale, which is the "gold standard" for food security measurement and used primarily for surveillance and research. The Hunger Vital Sign™ provides a more practical tool for use in clinical settings and in community outreach.

Why is screening for food insecurity important?

A study by Children's HealthWatch found that children younger than three years who live in food-insecure households have:

- **90% greater adjusted odds of being in fair/poor health**
- **31% greater adjusted odds of being hospitalized since birth**
- **76% greater adjusted odds of being at increased developmental risk compared with food-secure families¹**

Maine has the **9th** highest rate of food insecurity and the **6th highest** rate of hunger in the nation. **One in five children (21%) in Maine has food insecurity** and 15.8% of Maine households (200,000 people) are living in food insecurity.² Hunger affects health in many ways.³

Food insecurity among children can lead to:	Food insecurity among adults can lead to:
Low birth weight & birth defects	Obesity
Anemia due to iron deficiency	Diabetes
Colds & stomach aches	Heart Disease
Cognitive delays & poor educational outcomes	Hypertension
Mental health problems	Osteoporosis
Increased utilization of health care	Kidney Disease
Obesity	Asthma and COPD
	Depression and anxiety

Scoring

Responding to a positive score:

- If the response is "often true" or "sometimes true" to **either or both statements**, this is a **positive** screen.
- If a family screens positive for food insecurity, practices can connect patients to federal nutrition programs and food resources, and can make referrals to appropriate community resources and services.

¹. Hagar, E., Quigg A., Black, M., et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010.

². <https://www.feedingamerica.org/hunger-in-america/maine>

³. *Hunger and Health: The Role of the Supplemental Assistance Program in Improving Health and Well-Being*: Food Research and Action Center. 2017. www.frac.org

Tips for screening and responding to food insecurity¹

1. Introduce the questions in a discreet and respectful manner:

- Ask the parent/caregiver to complete the Hunger Vital Sign™ questions on a de-identified form, which is more effective than having staff ask the questions.
- Incorporating the Hunger Vital Sign™ questions with other screening questions (such as trauma and ACEs) will help parents/caregivers to understand that:
 - o The questions are confidential, voluntary and given to ALL families at well child visits.
 - o The questions help to provide the best care possible. Ensure patient understands that their answers will not be used against them (*the parents may not want to share their experiences for fear that DHHS will be contacted*).
- Offer assistance when needed and thank the parent/caregiver for completing the questions.
- Be mindful that parents and caregivers may be reluctant to talk about any of this in front of their children and may experience shame or embarrassment if their provider suggests applying for food assistance.

2. Continue the dialogue:

- Remember that parents/caregivers who would otherwise hesitate to accept a referral to a food pantry or meal program are more likely to comply if the referral is presented to them as a health intervention by a trusted clinical source. Continuing dialogue with patients during subsequent visits may destigmatize the food insecurity issue, allowing those who initially decline referrals to reconsider and, perhaps, accept a recommendation.
- It is important to note that a family may still be in need of, and qualify for, food assistance even if the response is “never true” to both statements. A parent may have been too embarrassed or afraid to respond in the affirmative, or a family may be struggling financially but it has not yet impacted their food security status. This screening tool does not identify individual family members who are food insecure, or detect differences in how family members are affected by food insecurity.^{1,2}

3. Emergency food bags:

In partnership with MaineHealth, Good Shepherd Food Bank can provide participating practices with a limited number of “emergency food bags”. The emergency food bags consist of 8-10lbs of non-perishable dry goods that can be offered to food insecure patients during their visit. The food items fall within the MyPlate guidelines and are appropriate for patients with chronic illness. As the food bags provide about three days of food, they are best utilized as a supplement to SNAP enrollment or additional longer term food security resources.

¹ Adapted from *Addressing Food Insecurity: A Toolkit for Pediatricians*: American Academy of Pediatrics and Food Action Research Center. 2017.

² *Food Insecurity and Health: A Toolkit for Physicians and Health Care Organizations*. 2017.

FOOD INSECURITY

Sample Language for Providing Support

Normalize: *“I ask all of my patients about access to food because what we eat is so connected to our health.”*

“We know that 1 in 5 Maine children don’t have access to enough food for a healthy, active life so this is a common concern amongst my patient families.”

“I have other patients that use SNAP and it is really helpful.”

Ask permission: *“Would it be okay if we spoke about your answers to our food availability questions?” OR “Can you tell me more about any food resources you’ve tried in the past? May I share some resources I know about with you?”*

Collaborate: *“That must be very difficult. I’m glad you shared your situation with me because the foods you eat—and don’t eat—are really important for your health. Food can be as important to your health as exercise and even, in some cases, as important as the medications you take.”*

Psychoeducation: *“I can imagine the stress this could put on your family. Can we talk about some ways to access food in your community?”*

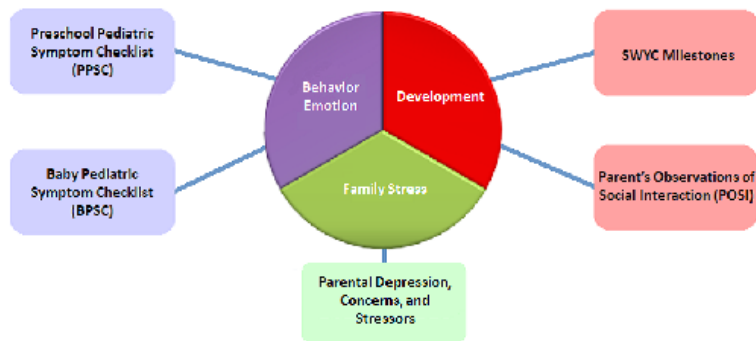
Follow-up and Support: Here are some next steps & resources to share with families:

- **Referral to case management/social worker**
- **SNAP benefits (Supplemental Nutrition Assistance Program):** SNAP is available for some families, based on income and family resources. Snap can help you buy the fruits and vegetables your child needs to grow and stay healthy. If you want to see if you qualify for SNAP you can review the requirements and fill out an application online. If you qualify, you get a debit card to use for purchasing food. Details are on the federal website: <https://www.fns.usda.gov/snap/eligibility> and application for assistance in Maine is also electronic: <https://www1.maine.gov/benefits/account/login.html>
- **Local food pantries:** Good Shepherd Food Bank’s website has a tool where you can get the names/contact numbers for food pantries by zip code: <https://www.gsfb.org/get-help/#food-map>
- **Farmers’ markets:** Many Maine farmers’ markets accept SNAP and some even offer supplemental money to people using SNAP for payment (spend \$1 and get an additional \$1 to spend). Details can be found at: <http://www.maine farmers markets.org/shoppers/markets-that-accept-ebt-cards/>
- **Summer breakfast & lunch:** Over the summer, many schools provide free breakfast and lunch programs (no questions asked) for children ages 18 years or below. You can type your town name into this website to find sites near your home: <https://www.fns.usda.gov/summerfoodrocks>
- **Other food programs:** You can also text the word “FOOD” to 877-877, and they will prompt you to give them your address and your zip code, so they can provide you with the food programs close to your home.

SURVEY OF WELL-BEING YOUNG CHILDREN (SWYC)

Quick Start Guide

Figure 1.1



What is the SWYC?

- Questionnaire designed to give pediatric providers a better idea of how their young patients are doing
- Includes sections on developmental milestones, behavioral/emotional development, and family risk factors (ACEs). At certain ages, a section for Autism-specific screening is also included.
- Age-specific SWYC forms are available for each well-child visit from 2 to 60 months
 - <https://www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview>
- Available in English, Spanish and Portuguese

Why is the SWYC Important?

- Development is based on the interactions of biology and the environment. It is equally important to screen for family risks and strengths as it is to screen for developmental delay.
 - If there are four or more ACEs the risk of developmental delay by age 3 increases to 70%
 - Early adversity negatively impacts a child's foundation for future learning and behaviors.
- Resiliency and development can best be enhanced in early childhood when the brain is at its most adaptable.
 - Safe, stable, nurturing relationships are the key to development. If a child feels safe and nurtured they will be able to build the brain connections needed for life-long learning and health.
 - Use the SWYC to support loving face to face interactions between parents and children; talk and talk again, read together many times a day, sing and play together often. Support parents in building routine, and sense of safety for their child.
- When working with parents collaborate, give choice, empower and focus on strengths.

Tips for the Screening Process

- Use the SWYC *screen at 9, 15, and 30 month visits*
 - Schedule an interpreter if needed. Extend visit length by 15 minutes
 - Store the SWYC forms at the front desk and group by age and language
 - Have the 12, 18, 24 and 36 month SWYC's available in case a child missed the SWYC at the standard visits.

- Workflow

1. Pick the correct SWYC form. **If patient is less than 2 years old and > 3 weeks premature** their age should be adjusted based on the number of weeks they were premature.
 - o 9 month old born 8 weeks premature would be calculated at 7 months. This chart indicates to use the 6 month SWYC.
2. Hand the parent the SWYC form.
 - o “Your child’s physician has asked that you complete this form. Please answer every question and hand it the Medical Assistant who brings you to the room.” “If you need assistance the medical assistant or nurse will help u once you are in a room.”
3. Give the form to the MA to score if the parent returns it to you.

Figure 2.1

Form	Minimum Age	Maximum Age
2	2 months, 0 days	3 months, 31 days
4	4 months, 0 days	5 months, 31 days
6	6 months, 0 days	8 months, 31 days
9	9 months, 0 days	11 months, 31 days
12	12 months, 0 days	14 months, 31 days
15	15 months, 0 days	17 months, 31 days
18	18 months, 0 days	22 months, 31 days
24	23 months, 0 days	28 months, 31 days
30	29 months, 0 days	35 months, 31 days
36	35 months, 0 days	45 months, 31 days
48	47 months, 0 days	58 months, 31 days
60	59 months, 0 days	67 months, 31 days



Who should be asked to complete the SWYC?

The SWYC can be completed by any caregiver, including parents and grandparents, who have enough knowledge about the child to be able to answer the SWYC questions reliably.



When I hand parents the SWYC, I tell them that their child’s doctor has asked that they complete the form. Sometimes parents then ask for more information about why they need to do so. What should I say?

We would suggest saying something like: “This questionnaire is a tool that helps your child’s pediatrician monitor (child’s name)’s development and behavior. Don’t worry if he or she is not doing all of the things this questionnaire asks about –most children can’t do every skill described. The questions are just a way for your doctor to get a sense of what things you should talk about in more detail.”

How about if they want to know what I will do with the information?

We would suggest saying something like: “Your answers to this questionnaire are confidential- the only people who will see your responses are your doctor, medical assistant or nurse. The questionnaire will also become part of your child’s medical record.”

SURVEY OF WELL-BEING YOUNG CHILDREN (SWYC)

SWYC Scoring Cheat Sheet

Developmental Milestones

- Each form includes 10 items. Score each item using these values: "Not Yet" corresponds to "0"; "Somewhat" to "1"; and "Very Much" to "2." Missing items count as zero.
- Add up all 10 item scores to calculate the total score.
- See the SWYC scoring chart to the right. Following along the age appropriate row, determine whether the child's total score falls into the "Needs Review" or "Appears to Meet Age Expectations" category.

Scoring for the Milestones can also be done in Excel. Please see the "Form Selector and Milestones Calculator" on our website: <http://www.theSWYC.org>.

Baby Pediatric Symptom Checklist (BPSC)

- The BPSC is divided into three subscales, each with 4 items. Determine the BPSC subscale scores by assigning a "0" for each "Not at All" response, a "1" for each "Somewhat" response, and a "2" for each "Very Much" response, and then sum the results.
 - In the event that parents have selected multiple responses for a single question and are unavailable for further questioning, then choose the more concerning answer (i.e. "Somewhat" or "Very Much") farthest to the right.
 - In the event that there is a missing response, that item counts as zero.
- Any summed score of 3 or more on any of the three subscales indicates that a child is "at risk" and needs further evaluation or investigation.**

Preschool Pediatric Symptom Checklist (PPSC)

- Determine the PPSC total score by assigning a "0" for each "Not at All" response, a "1" for each "Somewhat" response, and a "2" for each "Very Much" response, and then sum the results.
 - In the event that parents have selected multiple responses for a single question and are unavailable for further questioning, then choose the more concerning answer (i.e. "Somewhat" or "Very Much") farthest to the right.
 - In the event that there is a missing response, that item counts as zero.
- A PPSC total score of 9 or greater indicates that a child is "at risk" and needs further evaluation or investigation.**

Milestones Scoring Chart

FORM	Age (m)	Needs Review	Appears to meet age expectations
2m	1-3	No Milestones cut scores available	
4m	4	≤13	≥14
	5	≤15	≥16
6m	6	≤11	≥12
	7	≤14	≥15
	8	≤16	≥17
9m	9	≤11	≥12
	10	≤13	≥14
	11	≤14	≥15
12m	12	≤12	≥13
	13	≤14	≥14
	14	≤14	≥15
15m	15	≤10	≥11
	16	≤12	≥13
	17	≤13	≥14
18m	18	≤8	≥9
	19	≤10	≥11
	20	≤11	≥12
	21	≤13	≥14
	22	≤14	≥15
24m	23	≤10	≥11
	24	≤11	≥12
	25	≤12	≥13
	26	≤13	≥14
	27	≤14	≥15
	28	≤15	≥16
30m	29	≤9	≥10
	30	≤10	≥11
	31	≤11	≥12
	32	≤12	≥13
	33-34	≤13	≥14
36m	35	≤10	≥11
	36	≤11	≥12
	37	≤12	≥13
	38-39	≤13	≥14
	40-41	≤14	≥15
	42-43	≤15	≥16
48m	44-46	≤16	≥17
	47	≤12	≥13
	48-50	≤13	≥14
	51-53	≤14	≥15
	54-57	≤15	≥16
60m	58	≤16	≥16
	59-65	No Milestones cut scores available	

SURVEY OF WELL-BEING YOUNG CHILDREN (SWYC)

Parent's Observations of Social Interactions (POSI)

1. Score each of the seven questions. Each question is assigned either a "1" or a "0". If the parent selects one or more responses that fall in the last three columns, the question is scored as "1"; otherwise, it is scored as "0."
2. For items where parents have selected multiple responses for a single question (i.e., multiple responses in each row):
 - a. Choose the more concerning answer (i.e., lower-functioning behavior) farthest to the right.
 - a. If the parent has selected multiple answers in the last three columns for one item, assign only one point for the item. Since there are seven *POSI* questions total, there is a maximum of seven potential points.
 - b. Missing items count as zero.
3. **A result of three or more points in the last three columns indicates that a child is "at risk" and needs further evaluation or investigation.**

Adverse Childhood Experiences Questionnaire

ACEs Score: Needs Review = ACE Score > 1 (see ACE Score Quick start guide)

0 ACEs provide anticipatory guidance and follow-up at well child visits.

1-2 ACEs and the patient does not present with additional symptomology, provide anticipatory guidance and close follow-up. Consider referral (with warm handoff if available) with the integrated behavioral health clinician.

1-2 ACEs and the patient does present with additional symptomology, provide anticipatory guidance, close follow-up and offer referral (with warm handoff if available) to the integrated behavioral health clinician.

≥3 ACEs, screen for symptomology, provide anticipatory guidance, close follow-up. Refer all children (with warm handoff if available) with ACE≥3 to integrated behavioral health clinician.

SURVEY OF WELL-BEING YOUNG CHILDREN (SWYC)

Sample Language for Providing Support

Support: *"I am so grateful that you answered these questions and shared this information with me. I want to partner with you to determine the best next steps for you and your child based on this information."*

Information gathering: *"What is going well? What are the challenges? What do you love about your child?"*

Collaborate: *"What you are describing is very stressful for any parent to experience. Despite the difficulties, the care and love you provide your child impresses me and I would like to commend you."*

"It is really important to me that you feel like you can talk to me about these concerns. We can try to figure this out together."

Psychoeducation: *"You have indicated that there is some conflict in your relationship. I want to hear more about this. Sometimes, children who are exposed to parent conflict or tension in the home can begin to act out, even at a very young age. I'm not saying this is what is happening for your child, but it is one of the reasons I think it is so important for us to talk about these concerns and what is happening in your family."*

Safety: *"I am really concerned about you and your child's safety. Are there things you are doing to keep you and your child safe during these times of conflict/tension?"*

"What you are describing sounds like domestic violence, it is not ok that your partner injured you. What are your thoughts about hearing me say this?"

"You probably have already thought about how to keep you and your child safe during these times, what can I/we do to help you and your child stay safe today and moving forward?"

"I would like to schedule a time for you to come back so that we can monitor how these things are going. I also have a provider I work with who is an expert in relationships and parenting. Would you be willing to meet with him/her?"

RESILIENCE

Quick Start Guide

“Resilience is not only the capacity to thrive under stress, it is also the strength and ability of families, schools and communities to provide children with the things they need to adapt and thrive.” - resilienceproject.org

Question: Why is focusing on resilience during a well-child visit important?

Answer: Resiliency builds healthier brains and bodies because children’s brains are biologically adaptive and can heal even after adversity. One way to explain this to families is through the “serve and return” concept. Children’s brains encode experiences at a rapid rate, which leads to new connections in the brain. When these experiences are supportive, nurturing, and attentive, more brain connections are created and resilience is built.

Question: What can I do to help identify patient resilience during a well-child visit?

Answer: Ask questions about resilience in conversations with patients and parents:

- To parents/caregivers: Who in your life helps you when you are stressed or struggling?
- To children: Who are the adults in your life you trust that can help you if you need it?

Question: How can I help parents/caregivers build resilience in their children?

Answer: You can promote the following activities-

- Changing the conversation from “how-to” discipline to “how-to” build skills.
- Nurturing trusting relationships and helping the child feel connected.
- Helping the child develop a sense of being appreciated, belonging and accomplishment.
- Giving children a role in solving problems to help them feel some control over their life.
- Brainstorming with them about what to do “in the moment”.
- Practicing mindfulness, relaxation, and body calming strategies.
- Helping them to understand stress responses – normalizing and tolerating strong feelings.
- Helping children develop coping skills and practice managing feelings.
- Instilling hope that, with practice, different response is possible.

Question: How are routines related to resilience building?

Answer: Predictable schedules and routines give children a sense of security. Children feel a sense of accomplishment when they remember parts of a routine or are included in a routine, such as putting their plate in the sink after a meal. Dependable routines help children learn to better control their impulses and tolerate frustration because they can predict and prepare themselves for what comes next.

Question: What are some simple things parents can do for their young children to build resilience?

Answer:

- Ask parents/caregivers to review their daily schedule with their child to help them prepare for their day. Involve child in small decisions i.e., planning a meal. Consider displaying reminders in a place children can see them in the home.
- Include enough time in your schedule for your child to be able to accomplish the task i.e., getting dressed or finishing a meal.
- Ask children to help problem solve when a challenge arises.
- Spend time playing with your child or give them your undivided attention while they play. These brief moments can help children feel seen, heard, and safe.
- Identify feelings when you see them. Help your child identify when they are having different types of feelings or when feelings become elevated. (i.e. “I see you’re crying, I wonder if you are sad we aren’t going outside right now.” “You are having really big feelings right now. Your feelings are so big, you threw your toy.”)

Question: What is my role in preventing trauma and building resilience?

Actions: Medical providers play a crucial role in helping to prevent trauma, adversity, and build resilience in children and families. Here are some important things you can do in your practice:

- Inquire about stressors in the child’s life and identify protective factors.
- Assess for child and family safety.
- Provide developmental guidance about building resilience and protective factors.
- Refer to integrated behavioral health clinicians as a resource for strengthening resilience and parent-child attachment.
- Provide close follow-up and ongoing monitoring for children who have experienced trauma.

Helping Children Heal — Trauma Treatments That Work

MaineHealth offers many treatments that are proven to help children and families heal and thrive after stressful events.

Depending on your needs, these services are available in different settings within MaineHealth medical and behavioral health practices and hospitals and in other locations around the state. Many MaineHealth primary care practices offer access to an integrated behavioral health clinician who helps combine care for your child and family's physical and emotional health needs, right in the provider's office. Integrated behavioral health clinicians are able to help families with the following:

- Child and family therapy (including support to address behavioral, emotional and medical concerns)
- Youth and family counseling (including children with ADHD, anxiety, depression or PTSD)
- Crisis management
- Referrals and support in getting connected to additional services (if needed)

Treatment is also available in outpatient mental health clinic settings. Learn more about our treatment options below.

Child Parent Psychotherapy (CPP)

CPP is a treatment focused on helping a child and caregiver reconnect and heal from past trauma and violence. CPP is for children ages 0–6 years old. Caregivers actively participate in this type of treatment, which is important to the healing process. This healing can lead to less anxiety and a more confident and trusting relationship for both the caregiver and child. Treatment usually lasts about 9 months to 1 year, but the length depends on each family's needs.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a short-term treatment for children ages 5–18. It helps children and their caregivers overcome the painful effects of traumatic life events. These life events might include:

- Domestic violence
- School violence
- Community violence
- Sexual violence or abuse
- Unexpected death of a loved one, and/or
- Exposure to disasters, terrorist attacks or war trauma

This therapy aims to teach children and caregivers ways to relax and cope. It also offers them a supportive environment where they are encouraged to speak out about their traumatic experiences. The treatment is lasts for 12–16 visits.

Child and Family Traumatic Stress Intervention (CFTSI)

CFTSI is a short-term treatment for children and youth ages 7–18 year old and their caregivers. It helps to increase family support for children exposed to a potentially traumatic event. CFTSI should be started within 45 days after a traumatic event. Usually this treatment lasts 4–8 visits. These visits include families as a whole, and individual meetings with the child and also with the caregiver. There are many benefits to CFTSI, including:

- Helping the child communicate about the trauma
- Teaching family members how to cope with the child's reactions
- Preventing long-term stress reactions by parent/caregiver and child or just child

Where can I find a practice that uses these treatments?

Integrated behavioral health clinicians are available to help you and your family at the following primary care offices.

LincolnHealth:

- Boothbay Harbor Family Care Center: (207) 633-7820
- Damariscotta Primary Care: (207) 563-4250
- Waldoboro Family Medicine: (207) 832-6394
- Wiscasset Family Medicine: (207) 882-7911

Maine Medical Partners:

- Lakes Region Primary Care: (207) 892-3233
- Falmouth Family Medicine: (207) 781-1500
- Falmouth Pediatrics: (207) 781-1775
- Portland Family Medicine: (207) 874-2466
- Pediatric Clinic: (207) 662-2911
- Portland Pediatrics: (207) 662-1442
- Saco Pediatrics: (207) 282-3327
- Scarborough Family Medicine: (207) 883-7926
- South Portland Pediatrics: (207) 775-4151
- Westbrook Family Medicine: (207) 661-3400
- Westbrook Pediatrics: (207) 662-1360

Pen Bay:

- Pen Bay Family Medicine: (207) 921-5900
- Pen Bay Pediatrics: (207) 921-5600
- Waldoboro Family Medicine: (207) 832-5291

Southern Maine Health Care:

- Biddeford Pediatrics: (207) 282-7531
- Kennebunk Family Medicine: (207) 467-8988
- Kennebunk Pediatrics: (207) 467-8930
- Saco Family Medicine: (207) 283-8800
- Saco Pediatrics: (207) 294-5959
- Sanford Family Practice: (207) 490-7998
- Sanford Pediatrics: (207) 490-7334

Waldo County General Hospital:

- Arthur Jewell Regional Health Center (207) 722-3488
- Donald Walker Regional Health Center (207) 589-4509
- Lincolnville Regional Health Center (207) 236-4851
- Stockton Springs Regional Health Center (207) 567-4000
- Waldo County Primary Care: (207) 930-6708

Western Maine Health:

- Western Maine Primary Care: (207) 744-6444
- Western Maine Pediatrics: (207) 743-8766

Trauma-focused treatments are also available through **Maine Behavioral Healthcare 1** (844) 292-0111 and through the **Division of Adolescent Psychiatry** at Maine Medical Center (207) 662-2221.

**The Barbara Bush
Children's Hospital**

At Maine Medical Center



Maine Behavioral Healthcare

MaineHealth

MaineHealth

Building Resilience at Well Child Visits

Information included in Epic well child visit after visit summary

1 month	<p>Parenting a newborn is exciting but can be difficult. Think of two people you trust to call on for support and answers to your questions. Your child's doctor can be one of these people.</p> <p>Babies cry and are sometimes hard to soothe. Sometimes you may feel like you cannot help calm your baby. This does not mean you are doing something wrong. Lack of sleep and post pregnancy changes can make these times seem even more difficult. Remember, if you need a moment to calm yourself when your baby is crying, it is okay to place them in a safe place (such as their crib on their back) for a few minutes. Take this time to take some slow deep breaths, picture a soothing place, or call a support person.</p>
2 months	<p>Infants require a lot of attention and around the clock care. However hard it may be, keep in mind that you are the most important person in your baby's life- by soothing them when they cry, holding, feeding and changing diapers often; you are helping them develop a sense of safety and confidence that will be important throughout their life.</p> <p>Feeling sad or overwhelmed is common for new parents. If you are feeling sad, lonely, or are struggling with caring for your baby, talk to your provider. There are many ways to help support you so you do not have to continue feeling this way.</p>
4 months	<p>Simple play like singing, laughing, smiling, and eye contact help your baby's brain develop! Playing with them is very important at this age- get on their level for tummy time or look at a mirror together. Everything you do to interact with them helps them grow and see you as the person who will keep them safe in the world.</p> <p>Children even at this age are very aware of their surroundings. Stress in the home can have an impact on a baby and his/her development. If there is yelling or hitting in your home, please talk to your provider or a trusted individual so that everyone can feel safe and respected.</p>
6 months	<p>Now that your baby is a little older, they may be uneasy around strangers or even family and friends who aren't you. This is perfectly normal so give them time to warm-up and let them see how you act with trusted family and friends while you hold them- they will learn a lot by watching you.</p> <p>Your baby is learning about the world through you. Show them love, safety and security. You can do this by taking care of yourself so that you can respond to their needs calmly. By meeting their needs and showing affection, you are reinforcing that their world is safe and predictable, even when you feel stressed.</p>
9 months	<p>Your baby may be starting to explore their voice so encourage them by talking back, singing and telling about your day together. What may seem like baby talk with them is actually very important bonding with you and practice that helps their brain develop. Your baby may not want to be away from you much at this age, so let them gently adjust to new settings and people.</p> <p>When leaving your baby with another person, be sure this person is trustworthy. Do they know how to properly care for babies? Are you confident they have never hurt another child? Do you know if other people will be there too? Are these people safe for your baby to be around? If there is a concern about these individuals, do not leave your baby with them. Trust your gut if you have any worries about the person or people who are caring for your baby.</p>

Building Resilience at Well Child Visits

Information included in Epic well child visit after visit summary

12 months	<p>Your child has grown and done a lot in the last year and so have you! Everyday your child is looking to you to teach them new things. As you play, sing, and talk to your child, you help their brain to grow.</p> <p>It is important to be open with your provider about your child's experiences and any of your worries about your child. Your provider can support you and find help if it is needed.</p>
15 months	<p>Your toddler is really exploring the world and it may feel as though you can never turn your back because they are into everything. This can feel frustrating for those caring for your child. Consider creating a plan for how each caregiver will be able to take a break if feeling frustrated.</p> <p>Your child is also very aware of strangers. Pay attention to times when your child shows signs of fear or doubt. If something feels unsafe to your child, take time to explain in simple terms what is happening and help them understand. Speaking calmly and offering affection can be even more important than the words you say. Your connection with them will help them feel safe.</p>
18 months	<p>At this age toddlers love to copy what they see adults do, so let them “help” you around the house, pretend to talk on the phone, cook, etc. Even from this early age, children see you as the role model and want to learn by doing with you.</p> <p>Pay attention to times when your child shows signs of fear or uncertainty. If something feels unsafe to your child, take time to explain in simple terms what is happening and help them understand. Speaking calmly and offering affection can be even more important than the words you say. Your connection with them will help them feel safe.</p> <p>If you or your child has been in an unsafe or scary situation, talk with your provider about what happened as there may be things you can do to help your child.</p>
2 years	<p>Routines can help toddlers see the world and you as predictable. Consider having a daily schedule to help your toddler know what to expect and deal with changes.</p> <p>If your child has experienced something sad, scary or frightening (fighting, violence, an accident, a loss or separation) they may show it through their behavior. This looks different for different children, but can include aggression, tantrums, or separation anxiety. Talk to your provider about what you're seeing change in your child and any concerns you have.</p>
30 months	<p>Preschoolers are a lot of work – they are fast and have lots of opinions which can be stressful for parents. While they will test your patience most days, you can keep them busy and teach them new skills through play and being active together. They will learn how to deal with frustration by watching you. Teach them to take deep breaths and try again when they get upset.</p> <p>Preschoolers are also very interested in their bodies and the bodies of others. Begin teaching your child the correct words for all body parts, including private ones. This will help them take ownership of their bodies and understand personal boundaries.</p>

Building Resilience at Well Child Visits

Information included in Epic well child visit after visit summary

<p>3 years</p>	<p>Pre-school age children are learning lots of social skills which will help them learn to communicate with others and make friends as they grow. You can help them by practicing at home. They can learn healthy ways to show emotions, deal with anger and frustration, how to be respectful and what to do when someone else isn't playing nice. Children will learn a lot from their parents about how to treat others- you are their first and most important role model! Children will learn to do what they see at home.</p> <p>If your 3 year old has had something scary happen they may show it by a change in their behavior. They could be withdrawn, anxious, begin acting out, or not do things that they used to do (like being toilet trained). Talk to your provider if you have concerns as they can help you find resources to help.</p> <p>Begin teaching your children to come to you if they feel unsafe. Even children this young can learn when situations feel dangerous. They should learn that they shouldn't keep secrets from you and you are a trustworthy adult.</p>
<p>4 years</p>	<p>Preschoolers are beginning to understand their bodies and are curious about the bodies of others. This is a good time to teach your child about who can touch their bodies and what type of touch is and is not ok.</p> <p>If your 4 year old has had something scary happen they may show it by a change in their behavior. Encourage your child to always talk to you about their fears or questions. Talk to your provider if you have concerns as they can help you find resources to help.</p>
<p>5-6 years</p>	<p>School age children are going through lots of new transitions. This can be exhausting for them and they may need lots of support from you at home. You can help your child adjust by talking about their day at school and the things they do while away from you.</p> <p>In early grades children are developing lots of new social skills. You can help them by talking with them about what makes a good friend, how to ask for what they need, and what they do to solve problems. This can help you identify early on if your child has concerns that could impact their experience at school and their behavior at home.</p> <p>Your child may know when they are in an unsafe situation. You can teach them a simple tool when they feel unsafe called "No, Go, Tell". If they feel unsafe with another person, they should yell "NO" to them, they should GO, (leave the situation) and then they should TELL a safe adult. It is important to listen, stay calm and believe your child if they share something with you that has happened to them.</p>
<p>7-8 years</p>	<p>Children need adults to help them understand appropriate behavior so taking time to talk about communication and how to solve problems is especially important.</p> <p>Consistent parenting combined with praising the actions of your child well will help them to feel good about themselves and create positive behaviors. Research and experience shows that severe punishment such as hitting, kicking, slapping or yelling does not work to reduce negative behaviors, and may make it worse.</p> <p>If your child has experienced something scary, sad or bad in their life, it is important to watch for changes in their behavior, grades or emotions. These events may be a big deal to your child even if they are unable to describe their feelings. Talk with your provider if you have concerns as there are things that can help your child cope with something scary or big changes that have occurred.</p>

Building Resilience at Well Child Visits

Information included in Epic well child visit after visit summary

9-11 years	<p>Children can be hurtful to one another at school. By talking about what happens at school on a regular basis with your child, you can identify if there are issues with other students and if your child is feeling safe and supported while at school.</p> <p>Since children are still learning how to behave and treat one another, it's especially important for parents to talk to their kids about what makes a good friend, how people should treat each other and the appropriate way to solve problems (without violence). If your child is struggling with any of these issues your provider can be a resource to help you address these concerns for your child.</p>
12-14 years	<p>This is an important stage in your adolescent's life where they are building a sense of self and becoming more independent. There are huge developmental shifts for them at this stage and this can impact their communication and behavior. They are making new friendships and may be at risk for trying dangerous things such as substance use. Ask for their opinion and inquire about what they see happening with their friends to learn more about what they are dealing with in their peer-group. Having open and honest conversations about substance use, friendships, relationships and social media will help your child see you as someone they can go to with their and worries.</p> <p>If your child has experienced bullying (in-person or in-social media) or has seen something scary at home or in your neighborhood, it can affect their sense of safety. This can lead to a change in their behavior or grades. Talk with your provider if your child has experienced anything like this, as there are resources to help them recover.</p> <p>There are proven ways to help children who have experienced high levels of stress, loss, violence or trauma. Please talk with your provider if your child could benefit from help at any age.</p>
15-17 years	<p>Take time to talk about relationships and what is healthy in friendship and dating relationships. Help your teen define healthy boundaries for themselves about how people should treat one another. Teach them what to do if they feel unsafe in a relationship. If you need help in teaching these types of lessons, talk to your provider.</p> <p>Your openness to talking with your teen will help them see you as a resource if something scary or concerning happens. If you notice a change in your teenagers behavior (grades, socially withdrawn, anxiety) it can be a sign they need additional support. Talk with your provider about what you are seeing as there are resources that can help.</p>
18-21 years	<p>Unfortunately, the reality is a lot of young people will experience dating abuse or violence. The more open you are to talking with people you trust about your relationships, the more it will help you define what is acceptable and what is not acceptable for yourself in relationships.</p> <p>If you have been exposed to violence or abuse in a relationship, at school, work, home or in the community, it can negatively impact your emotional and physical health, functioning in school/work and your self-esteem. Talk with your provider if you have concerns.</p>

Parent Questions for Children Ages 0 through 2 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Has anyone hurt or frightened you or your child recently or in the last year? Yes No

Has anything bad, sad, or scary happened to you or your child recently or in the last year? Yes No

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

Never True Sometimes True Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

Never True Sometimes True Often True

Do not complete unless asked by staff.

Parent Report of Child Symptoms (To be completed by parents of children 8 years and younger)

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
3. My child feels grouchy, angry or sad.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
6. My child has trouble going to sleep or wakes up often during the night.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2

Add up the total of the responses. Enter the total here _____.

Children with a score of 3 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for TF-CBT treatment.

* UCLA-PTSD Reaction Index, Parent Screening Version (Robert Pynoos, MD, Alan Steinberg, PHD, and Michael Scheeringa, MD, 2008)

Parent Questions for Children Ages 3 through 8 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Has anyone hurt or frightened you or your child recently or in the last year? Yes No

Has anything bad, sad, or scary happened to you or your child recently or in the last year? Yes No

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

Never True Sometimes True Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

Never True Sometimes True Often True

ADVERSE CHILDHOOD EXPERIENCES

**Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.
At any point since your child was born:**

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

Do not complete unless asked by staff.

Parent Report of Child Symptoms (To be completed by parents of children 8 years and younger)

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
3. My child feels grouchy, angry or sad.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
6. My child has trouble going to sleep or wakes up often during the night.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2

Add up the total of the responses. Enter the total here _____.

Children with a score of 3 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for TF-CBT treatment.

* UCLA-PTSD Reaction Index, Parent Screening Version (Robert Pynoos, MD, Alan Steinberg, PHD, and Michael Scheeringa, MD, 2008)

Parent Questions for Children Ages 9 through 11 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Has anyone hurt or frightened you or your child recently or in the last year? Yes No

Has anything bad, sad, or scary happened to you or your child recently or in the last year? Yes No

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

Never True Sometimes True Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

Never True Sometimes True Often True

ADVERSE CHILDHOOD EXPERIENCES

**Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.
At any point since your child was born:**

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

Do not complete unless asked by staff.

Potentially Traumatic Events (PTE) Screening (For children 8 years and older)

1. I get upset, afraid, or sad when something makes me think about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
2. I have upsetting thoughts or pictures, of what happened come into my mind when I do not want them to.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
3. I feel grouchy, or I am easily angered.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
4. I try not to talk about, think about or have feelings about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
5. I have trouble going to sleep or wake up often during the night.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
6. I have trouble concentrating or paying attention.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
7. I try to stay away from people, places or things that make me remember what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
8. I have bad dreams, including dreams about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
9. I feel alone inside and not close to other people.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4

Key: none=0 times per week; Most = 4x per week

Add up the total of the responses. Enter the total here _____.

Children with a score of 10 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for TF-CBT treatment.

* Abbreviated UCLA-PTSD Reaction Index for the Diagnostic and Statistical Manual of Mental Disorders (4th Edition)

Questions for Ages 12 and Older: To be completed by patient only.

Stressful experiences can affect the health of many young people. By answering the following questions, you can help your provider better understand you. You can choose to answer them or not. Your answers will be kept confidential.

Has anyone hurt or frightened you recently or in the last year? Yes No

Has anything bad, sad, or scary happened to you recently or in the last year? Yes No

How often have you been bothered by each of the following symptoms during the past two weeks?

Feeling down, depressed
irritable or hopeless? Not at all Several days More than half the days Nearly every day

Little interest or pleasure
in doing things? Not at all Several days More than half the days Nearly every day

During the PAST 12 MONTHS, did you:

Drink any alcohol? (do not count sips of alcohol taken during family or religious events) Yes No

Smoke any marijuana or weed? Yes No

Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs that you sniff or huff) Yes No

ADVERSE CHILDHOOD EXPERIENCES

**Please read the statements below, HOW MANY statements apply to you? Write the total number (0-10) in the box.
At any point since you were born:**

- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

Do not complete unless asked by staff.

Potentially Traumatic Events (PTE) Screening (For children 8 years and older)

1. I get upset, afraid, or sad when something makes me think about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
2. I have upsetting thoughts or pictures, of what happened come into my mind when I do not want them to.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
3. I feel grouchy, or I am easily angered.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
4. I try not to talk about, think about or have feelings about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
5. I have trouble going to sleep or wake up often during the night.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
6. I have trouble concentrating or paying attention.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
7. I try to stay away from people, places or things that make me remember what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
8. I have bad dreams, including dreams about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
9. I feel alone inside and not close to other people.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4

Key: none=0 times per week; Most = 4x per week

Add up the total of the responses. Enter the total here _____.

Children with a score of 10 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for TF-CBT treatment.

* Abbreviated UCLA-PTSD Reaction Index for the Diagnostic and Statistical Manual of Mental Disorders (4th Edition)



SWYC:TM 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

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

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"/>

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Your provider will score the previous sections.

In addition to the SWYC, please complete the following section about your child's experiences.

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected



SWYC:TM 12 months

12 months, 0 days to 14 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
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
Runs	0	1	2
Walks up stairs with help	0	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?	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

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"/>

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Your provider will score the previous sections.

In addition to the SWYC, please complete the following section about your child's experiences.

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected



SWYC:TM 15 months

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?"	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
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	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	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?	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

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"/>

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Your provider will score the previous sections.

In addition to the SWYC, please complete the following section about your child's experiences.

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected



SWYC:TM 18 months

18 months, 0 days to 22 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
Runs	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Walks up stairs with help	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Kicks a ball	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Names at least 5 familiar objects - like ball or milk	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Names at least 5 body parts - like nose, hand, or tummy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Climbs up a ladder at a playground	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Uses words like "me" or "mine"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Jumps off the ground with two feet	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Puts 2 or more words together - like "more water" or "go outside"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Uses words to ask for help	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

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

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 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? <i>(please check all that apply)</i>	Say 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"/>
What are your child's favorite play activities? <i>(please check all that apply)</i>	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"/>

For acknowledgments, validation and other information concerning the POSI, please see www.theswyc.org/posi

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"/>

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Your provider will score the previous sections.

In addition to the SWYC, please complete the following section about your child's experiences.

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected



SWYC:TM 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

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

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 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? <i>(please check all that apply)</i>	Say 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"/>
What are your child's favorite play activities? <i>(please check all that apply)</i>	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"/>

For acknowledgments, validation and other information concerning the POSI, please see www.theswyc.org/posi

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"/>

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In addition to the SWYC, please complete the following section about your child's experiences.

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected



SWYC:TM 30 months

29 months, 0 days to 34 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 one color	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Tries to get you to watch by saying "Look at me"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Says his or her first name when asked	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Draws lines	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Talks so other people can understand him or her most of the time	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Washes and dries hands without help (even if you turn on the water)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Asks questions beginning with "why" or "how" - like "Why no cookie?"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Explains the reasons for things, like needing a sweater when it's cold	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Compares things - using words like "bigger" or "shorter"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Answers questions like "What do you do when you are cold?" or "...when you are sleepy?"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

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

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 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? <i>(please check all that apply)</i>	Say 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"/>
What are your child's favorite play activities? <i>(please check all that apply)</i>	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"/>

For acknowledgments, validation and other information concerning the POSI, please see www.theswyc.org/posi

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"/>

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In addition to the SWYC, please complete the following section about your child's experiences.

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected



SWYC:TM

36 months

35 months, 0 days to 46 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
Talks so other people can understand him or her most of the time . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Washes and dries hands without help (even if you turn on the water) . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Asks questions beginning with "why" or "how" - like "Why no cookie?" . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Explains the reasons for things, like needing a sweater when it's cold . . .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Compares things - using words like "bigger" or "shorter"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Answers questions like "What do you do when you are cold?" or "...when you are sleepy?"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Tells you a story from a book or tv	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Draws simple shapes - like a circle or a square	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Says words like "feet" for more than one foot and "men" for more than one man	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Uses words like "yesterday" and "tomorrow" correctly	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

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

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"/>

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ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. Please read the statements below, HOW MANY statements apply to your child? Write the total number (0-10) in the box.

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected