

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

| | | Never | Sometimes | Often |
|---|----|--------------------------|--------------------------|--------------------------|
| 1. Complains of aches and pains | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Spends more time alone | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tires easily, has little energy | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Fidgety, unable to sit still | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has trouble with teacher | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Less interested in school | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Acts as if driven by a motor | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Daydreams too much | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Distracted easily | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is afraid of new situations | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Feels sad, unhappy | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is irritable, angry | 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Feels hopeless | 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has trouble concentrating | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Less interested in friends | 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Fights with other children | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Absent from school | 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. School grades dropping | 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is down on him or herself | 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Visits the doctor with doctor finding nothing wrong | 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has trouble sleeping | 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Worries a lot | 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Wants to be with you more than before | 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Feels he or she is bad | 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Takes unnecessary risks | 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Gets hurt frequently | 26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Seems to be having less fun | 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Acts younger than children his or her age | 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Does not listen to rules | 29 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Does not show feelings | 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Does not understand other people's feelings | 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Teases others | 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Blames others for his or her troubles | 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Takes things that do not belong to him or her | 34 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Refuses to share | 35 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total score _____

Does your child have any emotional or behavioral problems for which she or he needs help?

() N () Y

Are there any services that you would like your child to receive for these problems?

() N () Y

If yes, what services? _____

Pediatric Symptom Checklist—Youth Report (Y-PSC)

Please mark under the heading that best fits you:

| | | Never | Sometimes | Often |
|--|----|-------|-----------|-------|
| 1. Complain of aches or pains | 1 | _____ | _____ | _____ |
| 2. Spend more time alone | 2 | _____ | _____ | _____ |
| 3. Tire easily, little energy | 3 | _____ | _____ | _____ |
| 4. Fidgety, unable to sit still | 4 | _____ | _____ | _____ |
| 5. Have trouble with teacher | 5 | _____ | _____ | _____ |
| 6. Less interested in school | 6 | _____ | _____ | _____ |
| 7. Act as if driven by motor | 7 | _____ | _____ | _____ |
| 8. Daydream too much | 8 | _____ | _____ | _____ |
| 9. Distract easily | 9 | _____ | _____ | _____ |
| 10. Are afraid of new situations | 10 | _____ | _____ | _____ |
| 11. Feel sad, unhappy | 11 | _____ | _____ | _____ |
| 12. Are irritable, angry | 12 | _____ | _____ | _____ |
| 13. Feel hopeless | 13 | _____ | _____ | _____ |
| 14. Have trouble concentrating | 14 | _____ | _____ | _____ |
| 15. Less interested in friends | 15 | _____ | _____ | _____ |
| 16. Fight with other children | 16 | _____ | _____ | _____ |
| 17. Absent from school | 17 | _____ | _____ | _____ |
| 18. School grades dropping | 18 | _____ | _____ | _____ |
| 19. Down on yourself | 19 | _____ | _____ | _____ |
| 20. Visit doctor with doctor finding nothing wrong | 20 | _____ | _____ | _____ |
| 21. Have trouble sleeping | 21 | _____ | _____ | _____ |
| 22. Worry a lot | 22 | _____ | _____ | _____ |
| 23. Want to be with parent more than before | 23 | _____ | _____ | _____ |
| 24. Feel that you are bad | 24 | _____ | _____ | _____ |
| 25. Take unnecessary risks | 25 | _____ | _____ | _____ |
| 26. Get hurt frequently | 26 | _____ | _____ | _____ |
| 27. Seem to be having less fun | 27 | _____ | _____ | _____ |
| 28. Act younger than children your age | 28 | _____ | _____ | _____ |
| 29. Do not listen to rules | 29 | _____ | _____ | _____ |
| 30. Do not show feelings | 30 | _____ | _____ | _____ |
| 31. Do not understand other people's feelings | 31 | _____ | _____ | _____ |
| 32. Tease others | 32 | _____ | _____ | _____ |
| 33. Blame others for your troubles | 33 | _____ | _____ | _____ |
| 34. Take things that do not belong to you | 34 | _____ | _____ | _____ |
| 35. Refuse to share | 35 | _____ | _____ | _____ |