DATE _____

COMPLETED BY _____

NAME _____

RECORD # _____

D.O.B. _____

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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 (0)	SOMETIMES (1)	OFTEN (2)
1. Complains of aches and pains ----------	1._____	_____	_____
2. Spends more time alone ----------	2._____	_____	_____
3. Tires easily, has little energy ----------	3._____	_____	_____
4. Fidgety, unable to sit still ----------	4._____	_____	_____
5. Has trouble with teacher ----------	5._____	_____	_____
6. Less interested in school ----------	6._____	_____	_____
7. Acts as if driven by a motor ----------	7._____	_____	_____
8. Daydreams too much ----------	8._____	_____	_____
9. Distracted easily ----------	9._____	_____	_____
10. Is afraid of new situations ----------	10._____	_____	_____
11. Feels sad, unhappy ----------	11._____	_____	_____
12. Is irritable, angry ----------	12._____	_____	_____
13. Feels hopeless ----------	13._____	_____	_____
14. Has trouble concentrating ----------	14._____	_____	_____
15. Less interested in friends ----------	15._____	_____	_____
16. Fights with other children ----------	16._____	_____	_____
17. Absent from school ----------	17._____	_____	_____
18. School grades dropping ----------	18._____	_____	_____
19. Is down on him or herself----------	19._____	_____	_____
20. Visits the doctor with doctor finding nothing wrong	20._____	_____	_____
21. Has trouble sleeping ----------	21._____	_____	_____
22 Worries a lot ----------	22._____	_____	_____
23. Wants to be with you more than before ----------	23._____	_____	_____
24. Feels he or she is bad----------	24._____	_____	_____
25. Takes unnecessary risks ----------	25._____	_____	_____
26. Gets hurt frequently ----------	26._____	_____	_____
27. Seems to be having less fun ----------	27._____	_____	_____
28. Acts younger than children his or her age ---------	28._____	_____	_____
29. Does not listen to rules----------	29._____	_____	_____
30. Does not show feelings ----------	30._____	_____	_____
31 Does not understand other people's feelings -------	31._____	_____	_____
32. Teases others ----------	32._____	_____	_____
33. Blames others for his or her troubles ----------	33._____	_____	_____
34. Takes things that do not belong to him or her -----	34._____	_____	_____
35. Refuses to share ----------	35._____	_____	_____

Total score _____

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

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

If yes, what type of services? _____

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