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:

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

Total score ______________

Does your child have any emotional or behavioral problems for which she/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?______________________________________________________________________________