

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

Total score 114

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spend more time alone	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tire easily, little energy	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Fidgety, unable to sit still	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have trouble with teacher	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Act as if driven by motor	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daydream too much	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Distract easily	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are afraid of new situations	10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Feel sad, unhappy	11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Are irritable, angry	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feel hopeless	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have trouble concentrating	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Less interested in friends	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fight with other children	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Absent from school	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School grades dropping	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Down on yourself	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Visit doctor with doctor finding nothing wrong	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Have trouble sleeping	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Worry a lot	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Want to be with parent more than before	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Feel that you are bad	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Take unnecessary risks	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Get hurt frequently	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Seem to be having less fun	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Act younger than children your age	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do not listen to rules	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do not show feelings	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do not understand other people's feelings	31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Tease others	32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blame others for your troubles	33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Take things that do not belong to you	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Refuse to share	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score = 5