

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	—	—	—

		Never (0)	Sometimes (1)	Often (2)
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 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? _____

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