

**Pediatric Symptom Checklist (PSC)**  
**for use at annual exams, ages 4-12**

*Emotional and physical health often affect each other. 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.*

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>
1. Complains of aches or pains	1. [ ]	[ ]	[ ]
2. Spends more time alone than with others	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 than before	6. [ ]	[ ]	[ ]
7. "Hyper" - acts as 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. Visits the doctor with doctor finding nothing wrong	19. [ ]	[ ]	[ ]
20. Seems negative about him/herself	20. [ ]	[ ]	[ ]
21. Has trouble sleeping	21. [ ]	[ ]	[ ]
22. Worries a lot	22. [ ]	[ ]	[ ]
23. Wants to be with you more than before	23. [ ]	[ ]	[ ]
24. Feels he/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 other children his/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/her troubles	33. [ ]	[ ]	[ ]
34. Takes things that do not belong to him/her	34. [ ]	[ ]	[ ]
35. Refuses to share	35. [ ]	[ ]	[ ]

Total score: \_\_\_\_\_

Does your child have any emotional or behavioral problems for which he/she needs help? [ ] Y [ ] N  
 Are there any services that you would like your child to receive for these problems? [ ] Y [ ] N

If "yes", what services? \_\_\_\_\_

**HOLD TO BE SCANNED**