|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PEDIATRIC SYMPTOM CHECKLIST PSC-35 | | | | |
| Child’s Name: | DOB: | Gender: | | Race/Ethnicity: |
| MRN: | | | | |
| Caregiver (s): | | | | |
| Assessor: | | | Date of Assessment (dd/mm/yyyy): | |
| Form Status: ☐ Initial ☐Reassessment ☐ Discharge ☐Administrative Close ☐ Urgent | | | | |

**Does the client have a caregiver involved in treatment? ☐ Yes ☐ No**

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 |  |  |  |
| 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 or he needs help?

**☐ Yes ☐ No**

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

**☐ Yes ☐ No**

If yes, what services?

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