



Pediatric Symptom Checklist (PSC)
Pediatric Symptom Checklist – Youth Report (Y-PSC)

Name of Patient: _____ Date: _____
Who filled out the form? O Mother O Father O Guardian O Other O Patient

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 yourself or your child get the best care possible by answering these questions. Please indicate which statement best describes yourself or your child.

Please mark which response best describes your child:

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

Total Score _____

Any emotional/behavior problems for which she/he needs help? O No O Yes

Any services that you would like your child to receive? O No O Yes

If yes, what services? _____