

Name of Patient _____	Filled out by _____
DOB _____	Relationship to Child _____
Primary Care Doctor _____	Child's Age _____ Today's Date _____

**Pediatric Symptom Checklist (PSC) — 4 years to 13 years**

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 mark under the heading that best describes your child:**

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

Total Score: \_\_\_\_\_

Does your child have any emotional or behavioral problems for which he/she needs help?      No      Yes

Are there any services that you would like your child to receive for these problems?      No      Yes

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

Acton, MA  
 321 Main Street  
 (978) 635-8700

Littleton, MA  
 592 King Street  
 (978) 486-9255

Harvard, MA  
 231 Ayer Street  
 (978) 772-1213

