

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

