

## PEDIATRIC EMOTIONAL DISTRESS SCALE (PEDS)\*

If you have a child between the ages of 2 and 10: Please circle one number for each item to describe how often your child has shown each behavior IN THE LAST MONTH.

Gender of child to be rated (M/F) \_\_\_\_\_

Child's birth date:(M/D/Y) \_\_\_\_\_

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	Almost Never	Sometimes	Often	Very Often
1. Acts whiny	1	2	3	4
2. Wants things right away	1	2	3	4
3. Refuses to sleep alone	1	2	3	4
4. Has trouble going to bed/falling asleep	1	2	3	4
5. Has bad dreams	1	2	3	4
6. Seems fearful without good reason	1	2	3	4
7. Seems worried	1	2	3	4
8. Cries without good reason	1	2	3	4
9. Seems sad and withdrawn	1	2	3	4
10. Clings to adults/doesn't want to be alone	1	2	3	4
11. Seems "hyperactive"	1	2	3	4
12. Has temper tantrums	1	2	3	4
13. Gets frustrated too easily	1	2	3	4
14. Complains about aches and pains	1	2	3	4
15. Acts younger than used to for age (ie, bedwetting, baby talk, thumbsucking)	1	2	3	4
16. Seems to be easily startled	1	2	3	4
17. Acts aggressively	1	2	3	4
18. Creates games, stories, or pictures about _____	1	2	3	4
19. Brings up _____ in conversation.	1	2	3	4
20. Avoids talking about _____ even when asked.	1	2	3	4
21. Seems fearful of things that are reminders of _____	1	2	3	4

If your child has had a major trauma or stress in the last year, please describe it on the line provided (eg, loved one in the war, illness, death or loss, accident, natural disaster). Then rate their behavior with regard to the trauma/stress. (Describe trauma/stress.)

<http://www.mentalhealth.org/publications/allpubs/SMA95-3022/default.asp>