

Pediatric Symptom Checklist—(PSC)

Please mark under the heading that best fits you:	Never - 0	Sometimes - 1	Often - 2
1. Complain of aches or pains			
2. Spend more time alone			
3. Tire easily, little energy			
4. Fidgety, unable to sit still			
5. Have trouble with teacher			
6. Less interested in school			
7. Act as if driven by motor			
8. Daydream too much			
9. Distract easily			
10. Are afraid of new situations			
11. Feel sad, unhappy			
12. Are irritable, angry			
13. Feel hopeless			
14. Have trouble concentrating			
15. Less interested in friends			
16. Fight with other children			
17. Absent from school			
18. School grades dropping			
19. Down on yourself			
20. Visit doctor with doctor finding nothing wrong			

21. Have trouble sleeping		
22. Worry a lot		
23. Want to be with parent more than before		
24. Feel that you are bad		
25. Take unnecessary risks		
26. Get hurt frequently		
27. Seem to be having less fun		
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28. Act younger than children your age		
29. Do not listen to rules		
30. Do not show feelings		
31. Do not understand other people's feelings		
32. Tease others		
33. Blame others for your troubles		
34. Take things that do not belong to you		
35. Refuse to share		
	L	L

Total score _____

Does your child have any emotional or behavioral problems for which she or he needs help? () N () Y

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

If yes, what services?