



# Pediatric Symptom Checklist (PSC-35)

Consumer Name \_\_\_\_\_

Consumer MRN/ID \_\_\_\_\_

Assessment Date:	DOB:	Gender:	Race:
Provider ID:	Fac/Prog:		
Form Status: <input type="radio"/> Initial <input type="radio"/> Subsequent <input type="radio"/> Annual <input type="radio"/> Discharge	Has Caregiver/Has Caregiver Involvement: <input type="radio"/> Yes <input type="radio"/> No* * If no caregiver available, leave form blank		

Emotional and physical health go together in children. Because caregivers 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 indicate which statement best describes your child.

**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 or 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	_____	_____	_____

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Name of Caregiver completing form: \_\_\_\_\_