Place Label Here

PSC English

Completed by: (please circle one)
Parent / Relative / Guardian / Self

PEDIATRIC SYMPTOM CHECKLIST (PSC)

Please mark under the heading that best describes your child:	NEVER (0)	SOMETIMES (1)	OFTEN (2)
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 other for his or her troubles			
34. Takes things that do not belong to him or her			
35. Refuses to share			

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

37. Is your child currently seeing a mental health counselor? ❑ No ❑ Yes

Total score _____

Invalid ☐ Yes ☐ No
(≥ 4 unanswered questions)

FOR OFFICE USE ONLY ***Plan For Follow-up*** *(use reverse side for comments)*

❑ Annual Screening ❑ Return visit w/ PCP ❑ Referred to on-site clinician ❑ Refused to complete PSC
❑ Parent refused referral ❑ Already in treatment ❑ Referred to other CHA Prof. ❑ Unable to complete PSC
❑ Patient refused referral ❑ Referred to other NON-CHA Prof. ❑ Incomplete

❑ *entered into EPIC* ❑ *scanned (form and comments)*

Physician Signature:

Place Label Here

PSC English

Completed By: (please circle one)
Parent / Relative / Guardian / Self

PEDIATRIC SYMPTOM CHECKLIST – YOUTH REPORT (Y-PSC)

Please mark under the heading that best fits you:	NEVER (0)	SOMETIMES (1)	OFTEN (2)
1. Complain of aches and 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. Distracted 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 the 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			
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			

36. Do you have any emotional or behavioral problems for which you want help? ❑ No ❑ Yes

37. Are you currently seeing a mental health counselor? ❑ No ❑ Yes

Total score _____

Invalid ☐ Yes ☐ No
(≥ 4 unanswered questions)

FOR OFFICE USE ONLY ***Plan For Follow-up*** *(use reverse side for comments)*

❑ Annual Screening ❑ Return visit w/ PCP ❑ Referred to on-site clinician ❑ Refused to complete PSC
❑ Parent refused referral ❑ Already in treatment ❑ Referred to other CHA Prof. ❑ Unable to complete PSC
❑ Patient refused referral ❑ Referred to other NON-CHA Prof. ❑ Incomplete

❑ *entered into EPIC* ❑ *scanned (form and comments)*

Physician Signature: