

Place Label Here

PSC Haitian Creole

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

LIS SENTÒM DEPATMAN PEDYATRI (PSC)

Silvoulè tcheke sa ki pi byen dekri pitit ou a: (Please mark under the heading that best describes your child:)	Jamè Never (0)	Pafwa Sometimes (1)	Souvan Often (2)
1. Li plenyen ak kò fè mal ak doulè (Complains of aches and pains)			
2. Li pase anpil tan pou kont li (Spends more time alone)			
3. Li fatigue byen fasil, li pa gen anpil enèji (Tires easily, has little energy)			
4. Li agite, li pa kapab chita trankil (Fidgety, unable to sit still)			
5. Li gen pwoblèm avèk pwofesè (Has trouble with teacher)			
6. Li enterese mwens nan afè lekòl (Less interested in school)			
7. Li ajè tankou se yon moun ki gen yon motè k ap dirije l (Acts as if driven by a motor)			
8. Li toujou nan lalin (Daydreams too much)			
9. Li distrè byen fasil (Distracted easily)			
10. Li pè sitiyasyon nouvo (Is afraid of new situations)			
11. Li santi li tris, li pa kontan (Feels sad, unhappy)			
12. Li irite, li fache (Is irritable, angry)			
13. Li santi l dezespè (Feels hopeless)			
14. Li gen pwoblèm pou konsantre (Has trouble concentrating)			
15. Li enterese mwens nan zanmi (Less interested in friends)			
16. Li goumen avèk lòt timoun (Fights with other children)			
17. Li absan lekòl (Absent from school)			
18. Nòt li lekòl la ap desann (School grades dropping)			
19. Li pa bay tèt li anpil valè (Is down on him or herself)			
20. Al wè doktè epi doktè pa jwenn anyen dwòl nan li (Visits the doctor with doctor finding nothing wrong)			
21. Li gen pwoblèm pou l dòmi (Has trouble sleeping)			
22. Li enkyete anpil (Worries a lot)			
23. Li vle bò kote ou plis ke avan (Wants to be with you more than before)			
24. Li santi ke l se yon move moun (Feels he or she is bad)			
25. Li pran risk ki pa nesesè (Takes unnecessary risks)			
26. Li pran chòk souvan (Gets hurt frequently)			
27. Li sanble li amize l mwens (Seems to be having less fun)			
28. Li ajè pi piti ke timoun ki nan laj li (Acts younger than children his or her age)			
29. Li pa obeyi a règleman (Does not listen to rules)			
30. Li pa montre fason li santi l (Does not show feelings)			
31. Li pa konprann fason lòt moun santi yo (Does not understand other people's feelings)			
32. Li takinen lòt moun (Teases others)			
33. Li blame lòt moun pou pwoblèm li kreye (Blames others for his or her troubles)			
34. Li pran sa ki pa pou li (Takes things that do not belong to him or her)			
35. Li refize pataje ak lòt (Refuses to share)			

36. Èske pitit ou a gen oken pwoblèm emosyonèl oubyen pwoblèm konpòtman ke l bezwen èd pou li ?

Does your child have any emotional or behavioral problems for which she/he needs help?

☐ Non

No

☐ Wi

Yes

37. Èske aktyèlman pitit ou ap wè yon konseye pwoblèm mantal ?

Is your child currently seeing a mental health counselor?

☐ Non

No

☐ Wi

Yes

Total score

Invalid

(≥ 4 unanswered questions)

☐ Yes ☐ No

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 Haitian Creole

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

LIS SENTÒM DEPATMAN PEDYATRI -- RAPÒ SOU JÈN TIMOUN (Y-PSC)

Silvoupè tcheke sa ki pi byen dekri w la: (Please mark under the heading that best fits you:)	Jamè Never (0)	Pafwa Sometimes (1)	Souvan Often (2)
1. Ou plenyen ak kò fè mal ak doulè (Complain of aches and pains)			
2. Ou pase anpil tan pou kont ou (Spend more time alone)			
3. Ou fatige byen fasil, pa gen anpil enèji (Tire easily, have little energy)			
4. Ou agite, ou pa kapab chita trankil (Fidgety, unable to sit still)			
5. Ou gen pwoblèm avèk pwofesè (Have trouble with teacher)			
6. Ou enterese mwens nan afè lekòl (Less interested in school)			
7. Ou aji tankou se yon moun ki gen yon motè k ap dirije l (Act as if driven by motor)			
8. Ou toujou nan lalin (Daydream too much)			
9. Ou distrè byen fasil (Distracted easily)			
10. Ou pè sitiyasyon nouvo (Are afraid of new situations)			
11. Ou santi w tris, ou pa kontan (Feel sad, unhappy)			
12. Ou lrite, ou fache (Are irritable, angry)			
13. Ou santi w dezespere (Feel hopeless)			
14. Ou gen pwoblèm pou konsantre (Have trouble concentrating)			
15. Ou enterese mwens nan zanmi (Less interested in friends)			
16. Ou goumen avèk lòt timoun (Fight with other children)			
17. Ou absan lekòl (Absent from school)			
18. Nòt ou lekòl la ap desann (School grades dropping)			
19. Ou pa bay tèt ou valè (Down on yourself)			
20. Ou al wè doktè epi doktè pa jwenn anyen dwòl nan ou (Visit the doctor with doctor finding nothing wrong)			
21. Ou gen pwoblèm pou dòmi (Have trouble sleeping)			
22. Ou enkyete anpil (Worry a lot)			
23. Ou vle bò kote paran w plis ke avan (Want to be with you more than before)			
24. Ou santi ke w se yon move moun moun (Feel that you are bad)			
25. Ou pran risk ki pa nesesè (Take unnecessary risks)			
26. Ou pran chòk souvan (Get hurt frequently)			
27. Ou sanble ou amize w mwens (Seem to be having less fun)			
28. Ou aji pi piti ke timoun ki nan laj ou (Act younger than children your age)			
29. Ou pa obeyi a règleman (Do not listen to rules)			
30. Ou pa montre fason w santi w (Do not show feelings)			
31. Ou pa konprann fason lòt moun santi yo (Do not understand other people's feelings)			
32. Ou takinen lòt moun (Tease others)			
33. Ou blame lòt moun pou pwoblèm ou kreye (Blame others for your troubles)			
34. Ou pran sa ki pa pou ou (Take things that do not belong to you)			
35. Ou refize pataje ak lòt (Refuse to share)			

36. Èske ou gen oken pwoblèm emosyonèl oubyen pwoblèm konpòtman ke w bezwen èd pou li ?
Do you have any emotional or behavioral problems for which you want help?

☐ Non ☐ Wi
No Yes

37. Èske aktyèlman w ap wè yon konseye pwoblèm mantal ?
Are you currently seeing a mental counselor?

☐ Non ☐ Wi
No Yes

Total score

Invalid ☐ Yes ☐ No
(≥ 4 unanswered questions)

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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: