

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents 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 stand still	_____	_____	_____
5. Has trouble with teacher	_____	_____	_____
6. Less interested in school	_____	_____	_____
7. Acts as if driven by 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 who finds nothing wrong	_____	_____	_____
21. Has trouble sleeping	_____	_____	_____
22. Worries often	_____	_____	_____
23. Want to be with you more than before	_____	_____	_____
24. Feels s/he is bad	_____	_____	_____
25. Takes unnecessary risks	_____	_____	_____
26. Gets hurt frequently	_____	_____	_____
27. Seems to be having less fun	_____	_____	_____
28. Acts younger than children his/her age	_____	_____	_____
29. Does not listen to rules	_____	_____	_____
30. Does not show feelings	_____	_____	_____
31. Does not understand others' feelings	_____	_____	_____
32. Teases others	_____	_____	_____
33. Blames others for his/her troubles	_____	_____	_____
34. Take things that do not belong to him/her	_____	_____	_____
35. Refuses to share	_____	_____	_____

Total Score _____

Does your child have any emotional or behavioral problems for which s/he needs help? () N () Y
 Are there any services you would like your child to receive for these problems? () N () Y

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