

Pediatric Symptom Checklist (PSC)

Date today: _____

Child's Name: _____ Child's Date of Birth: _____

Name of Caregiver completing PSC: _____ Relationship to child: _____

Emotional and physical health go together in children. Because caregivers are often the first to notice a problem with the 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 | No Response |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Complains of aches and pains | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Spends more time alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Tires easily, has little energy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Fidgety, unable to sit still | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Has trouble with teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Less interested in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Acts as if driven by a motor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Daydreams too much | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Distracted easily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Is afraid of new situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Feels sad, unhappy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Is irritable, angry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Feels hopeless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Has trouble concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Less interested in friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Fights with other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Absent from school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 School grades dropping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Is down on him or herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Visits the doctor with doctor finding nothing wrong | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Has trouble sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Worries a lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Wants to be with you more than before | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Feels he or she is bad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Takes unnecessary risks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Gets hurt frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Seems to be having less fun | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Acts younger than children his or her age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Does not listen to rules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Never Sometimes Often No Response

| | Never | Sometimes | Often | No Response |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 30 Does not show feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Does not understand other people's feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Teases others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Blames others for his or her troubles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Takes things that do not belong to him or her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Refuses to share | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Yes – if yes, please describe
- No

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

- Yes – If yes, what services?
- No

FOR STAFF USE ONLY

Clinic Site:

- SLO YS SC Youth SC SAFE NC Youth MP
- FCNI Seneca TMHA South Street Other: _____

Type of Assessment (Check ONLY one):

- Initial:** Use for clients opened after 7/1/18 in a new Treatment Session. Includes new clients and reopened clients if closed longer than 90 days.
- Reassessment:** Use for all 6-month ratings after Initial until Discharge or Administrative Close AND for all ratings for clients who were open in treatment before 7/1/18.
- Discharge:** All discharges when parent completed a discharge PSC
- Administrative Close:** All closings when parent DID NOT complete a discharge PSC
- Urgent:** Any ratings obtained more frequently than 6 months

A completed PSC must be submitted for reporting to DHCS with every intake assessment, every 6 months thereafter, and at closing, even if a parent is not available and all the scores are "No Response". Please attempt to obtain parent ratings for all Initial, Reassessment, Discharge, and Urgent assessment types. Mark any skipped items as "No Response". If a parent refuses, declines, or is unavailable to complete the PSC, mark all items "No Response", select the appropriate Type of Assessment, and submit the PSC for processing. If a client/family withdraws from treatment or if a parent refuses, declines, or is unavailable to complete a Discharge PSC, select Administrative Close assessment type. Mark all items "No Response" and submit the PSC for processing.