BRIGHT FUTURES 💥 TOOL FOR PROFESSIONALS

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.

Pleas	se mark under the heading that best describes your o	child:			0.5
			Never	Sometimes	Often
1.	Complains of aches and pains	1			
2.	Spends more time alone	2			
3.	Tires easily, has little energy	3			
4.	Fidgety, unable to sit still	4			
5.	Has trouble with teacher	5			
6.	Less interested in school	6			
7.	Acts as if driven by a motor	7	,		
8.	Daydreams too much	8			
9.	Distracted easily	9			
10.	Is afraid of new situations	10			
11.	Feels sad, unhappy	11			
12.	Is irritable, angry	12			
13.	Feels hopeless	13			
14.	Has trouble concentrating	14			
15.	Less interested in friends	15			
16.	Fights with other children	16			
17.	Absent from school	17			
18.	School grades dropping	18			
19.	Is down on him or herself	19			
20.	Visits the doctor with doctor finding nothing wrong	20			
21.	Has trouble sleeping	21			
22.	Worries a lot	22			
23.	Wants to be with you more than before	23		and the state of t	
24.	Feels he or she is bad	24			
25.	Takes unnecessary risks	25		, and the state of	control de action and the action action and the action action and the action
26.	Gets hurt frequently	26			在 是一个
27.	Seems to be having less fun	27			to the state of th
28.	Acts younger than children his or her age	28			
	Does not listen to rules	29		***************************************	
30.	Does not show feelings	30			
31.	Does not understand other people's feelings	31		to the second se	
32.	Teases others	32			
33.	Blames others for his or her troubles	33			
34.	Takes things that do not belong to him or her	34			
	Refuses to share	35		4	
Tota	al score			 	
				lp? ()N	
Does your child have any emotional or behavioral problems for which she or he needs help? Are there any services that you would like your child to receive for these problems?					()Y ()Y
If vac	what services?				

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