

**Pediatric Symptom Checklist (PSC)**

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Completed by: \_\_\_\_\_ Relationship to child:  Parent  Other: \_\_\_\_\_

**Directions:** 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 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	_____	_____	_____
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 interest 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 others for his or her troubles	_____	_____	_____
34. Takes things that do not belong to him or her	_____	_____	_____
35. Refuses to share	_____	_____	_____

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

If yes, what services? \_\_\_\_\_

# Home and School Impairment Scale

**Today's Date:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Directions:** For each of the Domains of Functioning listed in the left column, please circle the number (1-5) that best describes your child's degree of impairment.

Home Impairment	Not at all		Somewhat		A great deal
<b>Behavior</b> How much do your child's symptoms interfere with (impair) the ability to follow home rules, parents' commands, or general behavioral expectations?	1	2	3	4	5
<b>Interpersonal Relationships</b> How much do your child's symptoms interfere with (impair) the ability to form and maintain positive peer relationships?	1	2	3	4	5
<b>Emotions</b> How much do your child's symptoms interfere with (impair) the ability to express or control emotions?	1	2	3	4	5
<b>Responsibilities</b> How much do your child's symptoms interfere with (impair) the ability to perform daily home responsibilities and tasks?	1	2	3	4	5
School Impairment	Not at all		Somewhat		A great deal
<b>Behavior</b> How much do your child's symptoms interfere with (impair) the ability to follow school rules, teachers' commands, or general behavioral expectations?	1	2	3	4	5
<b>Responsibilities</b> How much do your child's symptoms interfere with (impair) the ability to perform daily school responsibilities and tasks?	1	2	3	4	5