



Pediatric Symptom Checklist (PSC-35)

Consumer Name _____

Consumer MRN/ID _____

Assessment Date:	DOB:	Gender:	Race:
Provider ID:	Fac/Prog:		
Form Status:	<input type="radio"/> Initial <input type="radio"/> Subsequent <input type="radio"/> Annual <input type="radio"/> Discharge		Has Caregiver/Has Caregiver Involvement: <input type="radio"/> Yes <input type="radio"/> No* <small>* If no caregiver available, leave form blank</small>

Emotional and physical health go together in children. Because caregivers 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 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 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 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

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Name of Caregiver completing form: _____