

PEDIATRIC SYMPTOM CHECKLIST – (Y-PSC) – FOR PATIENTS 4–15 YRS, 11 MOS OLD

Name _____ Date: _____

Physical and emotional health go together. Parents are often the first to notice a change in their child's behavior, emotions, or learning. You may help your child get the best care possible by answering these questions.

Does your child...	Never	Sometimes	Always
1. Complain of aches or pains.....	___	___	___
2. Spend more time alone.....	___	___	___
3. Tire easily or have little energy.....	___	___	___
4. Fidget or unable to sit still.....	___	___	___
5. Have trouble with teachers.....	___	___	___
6. Lose interest in school.....	___	___	___
7. Act as if driven by motor.....	___	___	___
8. Daydream too much.....	___	___	___
9. Distract easily.....	___	___	___
10. Feel afraid of new situations.....	___	___	___
11. Feel sad or unhappy.....	___	___	___
12. Feel irritable or angry.....	___	___	___
13. Feel hopeless.....	___	___	___
14. Have trouble concentrating.....	___	___	___
15. Feel less interested in friends.....	___	___	___
16. Fight with other children.....	___	___	___
17. Have excessive absences from school.....	___	___	___
18. Have dropping school grades.	___	___	___
19. Feel down on yourself.....	___	___	___
20. Visit doctor with doctor finding nothing wrong.....	___	___	___
21. Have trouble sleeping.....	___	___	___
22. Worry a lot.....	___	___	___
23. Want to be with a parent more than before.....	___	___	___
24. Feel that you are bad.....	___	___	___
25. Take unnecessary risks.....	___	___	___
26. Get hurt frequently.....	___	___	___
27. Seem to be having less fun.....	___	___	___
28. Act younger than children your age.....	___	___	___
29. Not listen to rules.....	___	___	___
30. Not show feelings.....	___	___	___
31. Not understand other people's feelings.....	___	___	___
32. Tease others.....	___	___	___
33. Blame others for your troubles.....	___	___	___
34. Take things that do not belong to you.....	___	___	___
35. Refuse to share.....	___	___	___

Total _____

Does your child have any emotional/behavioral problems for which he/she needs help? ___ Yes ___ No