

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.

Please mark under the heading that best describes your child:

		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			
24. Feels he or she is bad	24			
25. Takes unnecessary risks	25			
26. Gets hurt frequently	26			
27. Seems to be having less fun	27			
28. Acts younger than children his or her age	28			
29. Does not listen to rules	29			
30. Does not show feelings	30			
31. Does not understand other people's feelings	31			
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			
35. Refuses to share	35			

Total score _____

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? _____

Today's Date: _____

Patient Name: _____ **Date of Birth:** _____

Por favor sea honesto/a.
Pediatric Symptom Checklist
Parent Informant

Nombre		Fecha	ID		
Indique cual síntoma mejor describa a su hijo/a.		Nunca 0	A Veces 1	Seguido 2	
-	1. Se queja sobre dolores y molestias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	2. Pasa más tiempo solo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	3. Se cansa fácilmente, tiene poca energía	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
●	4. Inquietud, incapaz de quedarse quieto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	5. Tiene problemas con su profesor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	6. Menos interesado en la escuela	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
●	7. Actúa como impulsado por un motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
●	8. Sueña despierto demasiado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
●	9. Se distrae fácilmente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	10. Le tiene miedo a las situaciones nuevas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▲	11. Se siente triste, infeliz	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	12. Es irritable, está enojado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▲	13. Siente que no tiene esperanza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
●	14. Tiene problemas para concentrarse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	15. Menos interesado en sus amigos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■	16. Pelea con otros niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	17. No asiste a la escuela	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	18. Sus calificaciones empeoran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▲	19. Se critica a sí mismo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	20. Visita al médico y éste no encuentra nada malo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	21. Tiene problemas para dormir	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▲	22. Se preocupa demasiado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	23. Quiere estar con usted más que antes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	24. Siente que es malo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	25. Toma riesgos innecesarios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	26. Se lastima frecuentemente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
▲	27. Parece que se divierte menos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	28. Actúa como si fuera más pequeño que los niños de su edad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■	29. No obedece las reglas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-	30. No muestra sentimientos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■	31. No entiende los sentimientos de los demás	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■	32. Se burla de los demás	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■	33. Culpa a los demás de sus problemas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■	34. Toma cosas que no le pertenecen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■	35. Se niega a compartir	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

● = A ≥ 7 ▲ = I ≥ 5 ■ = E ≥ 7

Note — the sub scores do not impact the overall score; they are for interpretation purposes only.

TS = _____ 0

● = 0 = A ≥ 7

▲ = 0 = I ≥ 5

■ = 0 = E ≥ 7

FOR OFFICE USE ONLY

Plan for Follow-up Annual screening Return visit w/ PCP _____