

# Please be HONEST

## Pediatric Symptom Checklist

### Parent Informant

#### A Survey From Your Healthcare Provider – PSC-35

Name	Date	ID		
Please click on the heading that best fits your child.		Never 0	Sometimes 1	Often 2
-	1. Complain of aches or pains			
-	2. Spend more time alone			
-	3. Tire easily, little energy			
●	4. Fidgety, unable to sit still			
-	5. Have trouble with teacher			
-	6. Less interested in school			
●	7. Act as if driven by motor			
●	8. Daydream too much			
●	9. Distract easily			
-	10. Are afraid of new situations			
▲	11. Feel sad, unhappy			
-	12. Are irritable, angry			
▲	13. Feel hopeless			
●	14. Have trouble concentrating			
-	15. Less interested in friends			
■	16. Fight with other children			
-	17. Absent from school			
-	18. School grades dropping			
▲	19. Down on yourself			
-	20. Visit doctor with doctor finding nothing wrong			
-	21. Have trouble sleeping			
▲	22. Worry a lot			
-	23. Want to be with 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. Do not listen to rules			
-	30. Do not show feelings			
■	31. Do 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			

● = A ≥ 7   ▲ = I ≥ 5   ■ = E ≥ 7

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

**FOR OFFICE USE ONLY**

Plan for Follow-up  Annual screening    Return visit w/ PCP  
 Parent declined    Already in treatment  
 Referred to counselor  
 Referred to other professional

Q 36 or Q 37=Y ◆ TS ≥ 30

TS = _____ ● = _____ = A ≥ 7 ▲ = _____ = I ≥ 5 ■ = _____ = E ≥ 7
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