

Place patient label here

BPS: Place in HOT PINK SCREENING FOLDER
QMG: Send to Bryan Main, Behavioral Health
SIU: Place in the TO BE SCANNED BASKET



Pediatric Symptom Checklist

Child Name: _____ Date of Birth: _____

School: _____ Physician: _____

Completed by: _____ Date completed: _____

	Please mark under the heading that best fits your child		
	Never = 0	Sometimes = 1	Often = 2
1. Feels sad, unhappy			
2. Feels hopeless			
3. Is down on him or herself			
4. Worries a lot			
5. Seems to be having less fun			
6. Fights with others			
7. Does not listen to rules			
8. Does not understand other people's feelings			
9. Teases others			
10. Blames others for his or her troubles			
11. Refuses to share			
12. Takes things that do not belong to him/her			
13. Fidgety, unable to sit still			
14. Daydreams too much			
15. Distracted easily			
16. Has trouble concentrating			
17. Acts as if driven by a motor			

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

Additional comments: _____

This instrument is based on the Pediatric Symptom Checklist (psc.partners.org); Jellinek, M., et al. (1988)

Office Use Only

Internalizing items 1-5

≥ 5

Externalizing items 6-12

≥ 7

Attention items 13-17

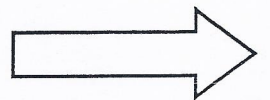
≥ 7

Total

≥ 15

Physician Signature

Date



Dear Parents and Guardians,

No one knows your child better than you! As part of your child's school physical, your doctor would also like to know about your child's social and emotional health. Before your appointment, please complete the checklist (on the back side of this paper) and **turn it in at the doctor's office.**

Thank you!

Parent/Guardian	Child	Teacher	Health Care Provider
			1. Feels sad or lonely
			2. Feels nervous
			3. Is afraid to go to school
			4. Wants to be alone
			5. Seems to be having less fun
			6. Fights with others
			7. Does not listen to rules
			8. Does not make good choices
			9. Uses bad language
			10. Gets angry or frustrated
			11. Refuses to share
			12. Does things that are not allowed
			13. Usually makes good choices
			14. Does not follow rules
			15. Gets along well
			16. Has trouble concentrating
			17. Has an illness or injury

Does your child have any emotional or behavioral problems that affect his or her ability to learn?
Yes No

Parent/Guardian	Child	Teacher	Health Care Provider
			18. Other comments

