

Pediatric Symptom Checklist (PSC-35)

LA County DMH Version

Date: _____

Child's Name: _____

Respondent's Name: _____

Relationship to Child:

- Mother
 Grandmother
 Foster Mother
 Aunt
 Agency Staff
 Non-Relative Caregiver
 Legal Guardian
 Sibling
 Other
 Father
 Grandfather
 Foster Father
 Uncle
 County Social Worker
 Self
 Stepmother
 Stepfather

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	N/A*
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	_____	_____	_____	

**The Not Applicable option is available for children who are not of school age or are too young for school*

To Be Completed by Agency Staff

Practitioner Reviewing: _____ Assessment Type: Initial Reassessment Discharge

Total Score: _____ Caregiver declined to respond Caregiver did not respond to all required questions

<p style="font-size: small;">This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.</p>	<p>Name: _____ DMH ID#: _____</p> <p>Agency: _____ Provider #: _____</p> <p style="text-align: center; font-weight: bold;">Los Angeles County – Department of Mental Health</p>
---	---