## Pediatric Symptom Checklist (PSC-35) LA County DMH Version

Date: Child's Name: Respondent's Name:										
		ip to Child:					_			
		Grandmother	☐ Foster Mother	☐ Aunt	Agenc	y Staff	Non-Relative Caregiver	Legal Guardian	Sibling	Other
☐ Fa	ather	Grandfather	☐ Foster Father	Uncle	County Works			Stepmother	Stepfather	
emoti best	ions, d descri	or learning, you m bes your child.	nay help your child	get the bes	st care pos	sible by	/ answering these	o notice a problem ve questions. Please		
Plea	se m	ark under the	heading that be	st descri	bes your	child:				N1/A*
1	Com	anlains of achoes	and pains			1	NEVER	SOMETIMES	OFTEN	N/A*
2		Complains of aches and pains Spends more time alone				2				
3	-	Tires easily, has little energy								
4		Fidgety, unable to sit still				3 4				
-	_	Has trouble with teacher								
5										
6		Less interested in school								
7		Acts as if driven by a motor								
8	-	dreams too much	1			8				
9		racted easily				9				
10		raid of new situat	tions			10				
11	Feel	ls sad, unhappy				11				
12		ritable, angry				12				
13	Feel	Feels hopeless				13				
14	Has	Has trouble concentrating				14				
15	Less interested in friends				15					
16	Fights with other children				16					
17	Abs	Absent from school				17				
18	Sch	School grades dropping				18				
19	Is do	own on him or he	rself			19				
20	Visit	Visits the doctor with doctor finding nothing wrong				20				
21		trouble sleeping	J	5 5		21				
22		ries 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		ms to be having I	ess fun			27				
28		•	ildren his or her ag	Δ		28				
29		s not listen to rule	<del>-</del>	C		29				
30		s not show feeling				30				
31			•	ingo		31				
32			other people's fee	irigs		32				
33		ses others				33				
		nes others for his								
34		-	not belong to him o	r ner		34				
35		uses to share Not Applicable o <sub>l</sub>	otion is available fo	r children	who are n	35 ot of sc	hool age or are t	oo young for schoo	<u> </u>	
o Be (	Comp	leted by Agency	/ Staff							
F	Practit	tioner Reviewing:		od to ====				Reassessment		)
		Score:	Caregiver declin			caregi	ver ala not respo	ond to all required q	uestions [_]	
confidential information is provided to you in accord with State and Federal laws and lations including but not limited to applicable Welfare and Institutions code, Civil Code and AA Privacy Standards. Duplication of this information for further disclosure is prohibited						Name:			DMH ID#:	
or printed by law. Destruction of this information is required after the stated purpose of original request is fulfilled.						Agency	<b>7:</b>		Provider #:	
							00 Ammal==	County Domanton	t of Montal Harl	h
J							Los Angeles	County - Departmen	t of Mental Healt	11