

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Spends more time alone	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Tires easily, has little energy	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Fidgety, unable to sit still	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Has trouble with teacher	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Less interested in school	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Acts as if driven by a motor	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Daydreams too much	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Distracted easily	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Is afraid of new situations	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Feels sad, unhappy	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Is irritable, angry	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Feels hopeless	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Has trouble concentrating	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Less interested in friends	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Fights with other children	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Absent from school	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	School grades dropping	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Is down on him or herself	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Visits the doctor with doctor finding nothing wrong	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Has trouble sleeping	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Worries a lot	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Wants to be with you more than before	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Feels he or she is bad	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Takes unnecessary risks	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Gets hurt frequently	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Seems to be having less fun	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Acts younger than children his or her age	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	Does not listen to rules	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Does not show feelings	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	Does not understand other people's feelings	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Teases others	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Blames others for his or her troubles	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	Takes things that do not belong to him or her	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	Refuses to share	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*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 ☐ Admin Close ☐ Urgent
 If Administrative Close, select reason: ☐ Client not available/assess only ☐ Client/Caregiver declined to complete ☐ Other
 Total Score: _____ ☐ Caregiver declined to respond ☐ Caregiver did not respond to all required questions

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Name: _____ DMH ID#: _____
 Agency: _____ Provider #: _____
 Los Angeles County – Department of Mental Health