

Name _____ **Pediatric Symptom Checklist (PSC)** Date _____
 DOB: _____

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 mark under the heading that best describes your child:	Never	Sometimes	Often
1	Complains of aches and pains			
2	Spends more time alone			
3	Tires easily, has little energy			
4	Fidgety, unable to sit still			
5	Has trouble with teacher			
6	Less interested in school			
7	Acts as if driven by a motor			
8	Daydreams too much			
9	Distract easily			
10	Is afraid of new situations			
11	Feels sad, unhappy			
12	Is irritable, angry			
13	Feels hopeless			
14	Has trouble concentrating			
15	Less interested in friends			
16	Fights with other children			
17	Absent from school			
18	School grades dropping			
19	Is down on him or herself			
20	Visits the doctor with doctor finding nothing wrong			
21	Has trouble sleeping			
22	Worries a lot			
23	Wants to be with you more than before			
24	Feels he or she is bad			
25	Takes unnecessary risks			
26	Gets hurt frequently			
27	Seems to be having less fun			
28	Acts younger than children his or her age			
29	Does not listen to rules			
30	Does not show feelings			
31	Does not understand other people's feelings			
32	Teases others			
33	Blames others for his or her troubles			
34	Takes things that do not belong to him or her			
35	Refuses to share			

Does your child have any emotional or behavioral problems for which she/he needs help? () Y () N
 If yes, what behaviors are you concerned about? _____

Completed by _____ Relationship _____

Address _____ Phone _____

School _____ Grade _____ Room _____

continued

YOUTH EMOTIONAL HEALTH SCREENING

Screening Consent Form

**IF CHILD IS ALREADY RECEIVING EMOTIONAL HEALTH SERVICES,
DO NOT COMPLETE THIS FORM**

I DO WANT MY CHILD TO PARTICIPATE IN THIS SCREENING

I, _____, give permission for my child to participate in the
Please Print Your Name

Family Services Youth Emotional Health Screening Program.

Parent/Guardian Signature: _____ Date: _____

**Please Complete All Of The Following Information
PLEASE PRINT CLEARLY**

_____	_____	_____
Child's Name	Student Date of Birth	
_____	_____	_____
Age	Male/Female	Home Address
_____	_____	_____
School	City, State, Zip	
_____	_____	_____
Grade	County	
	_____	_____
	Home Phone	

Child Lives: With Parent ____; In Foster Care ____; With Guardian ____

Mail completed forms to:
Family Services of Chemung County Inc.
Attn: Marilyn Cristofaro
300 Pennsylvania Ave
Elmira, NY 14904