

# Pediatric Symptom Checklist Youth Report (Y-PSC)

Name \_\_\_\_\_

DOB: \_\_\_\_\_

Date \_\_\_\_\_

	Please mark under the heading that best describes you:	Never	Sometimes	Often
1	Complain of aches and pains			
2	Spend more time alone			
3	Tire easily, little energy			
4	Fidgety, unable to sit still			
5	Have trouble with teacher			
6	Less interested in school			
7	Act as if driven by motor			
8	Daydream too much			
9	Distract easily			
10	Are afraid of new situations			
11	Feel sad, unhappy			
12	Are irritable, angry			
13	Feel hopeless			
14	Have trouble concentrating			
15	Less interested in friends			
16	Fight with other children			
17	Absent from school			
18	School grades dropping			
19	Down on yourself			
20	Visit doctor with doctor finding nothing wrong			
21	Have trouble sleeping			
22	Worry a lot			
23	Want to be with parent more than before			
24	Feel that you are bad			
25	Take unnecessary risks			
26	Get hurt frequently			
27	Seem to be having less fun			
28	Act younger than children your age			
29	Do not listen to rules			
30	Do not show feelings			
31	Do not understand other people's feelings			
32	Tease others			
33	Blame others for your troubles			
34	Take things that do not belong to you			
35	Refuse to share			

Do you have any concerns that you need to have addressed? ( ) Y ( ) N

If yes, describe \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

continued...

# YOUTH EMOTIONAL HEALTH SCREENING PROGRAM

## 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**

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

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**