Pediatric Symptom Checklist (PSC) - Parent Version: 10/18 Page 1 (Administered to caregivers of clients ages 3 to 18 only)¹

CCBH CLIENT ID NUMBER	DATE OF ASSESSMI	ENT	ASSESSMEN	ГТҮРЕ			
		/	☐ Initial [1]				
CLINICIAN / STAFF ID	UNIT	UBUNIT	☐ Reassessmen	t [2]			
			☐ Discharge [4]				
Instructions: Select your relation	nship to child and provide <u>you</u>	r date of birth	(month/day).				
O Biolo	gical Parent [1]		Date of Birth - Month				
	r Parent [2]						
Person filling out form O Adop	tive Parent [3]						
	Family Member (non-foster status)		Date of Birth - Day				
	(ONLY for clients in Residential pro	ograms) [5]					
O Other	[6]						
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. Correct							
Please mark under the heading th	at best describes your child.	\mathbf{Never}_0	Sometimes ₁	Often ₂			
1. Complains of aches and pains		0	0	0			
2. Spends more time alone		0	0	0			
3. Tires easily, has little energy		0	0	0			
4. Fidgety, unable to sit still		0	0	0			
*5. Has trouble with a teacher (Ages	6+ ONLY)	0	0	0			
*6. Less interested in school (Ages 6-	+ ONLY)	0	0	0			
7. Acts as if driven by a motor		0	0	0			
8. Daydreams too much		0	0	0			
9. Distracted easily		0	0	0			
10. Is afraid of new situations		0	0	0			
11. Feels sad, unhappy		0	0	0			
12. Is irritable, angry		0	0	0			
13. Feels hopeless		0	0	0			
14. Has trouble concentrating		0	0	0			
15. Less interested in friends		0	0	0			
16. Fights with other children		0	0	0			
*17. Absent from school (Ages 6+ ON)	LY)	0	0	0			
*18. School grades dropping (Ages 6+	ONLY)	0	0	0			
19. Is down on him or herself		0	0	0			
20. Visits doctor with doctor finding	nothing wrong	0	0	0			

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(, ,				
	Never	Sometimes 1	Often 2	
21. Has trouble sleeping	0	0	0	
22. Worries a lot	0	0	0	
23. Wants to be with you more than before	0	0	0	
24. Feels he or she is bad	0	0	0	
25. Takes unnecessary risks	0	0	0	
26. Gets hurt frequently	0	0	0	
27. Seems to be having less fun	0	0	0	
28. Acts younger than children his or her age	0	0	0	
29. Does not listen to rules	0	0	0	
30. Does not show feelings	0	0	0	
31. Does not understand other people's feelings	0	0	0	
32. Teases others	0	0	0	
33. Blames others for his or her troubles	0	0	0	
34. Takes things that do not belong to him or her	0	0	0	
35. Refuses to share	0	0	0	

CCBH CLIENT ID NUMBER	CLIENT DATE OF BIRTH	
CLIENT'S LAST NAME	CLIENT'S FIRST NAME	MI