

PEDIATRIC SYMPTOM CHECKLIST (PSC)

Patient: _____

Date: _____

Historian: _____

Relationship to Patient: _____

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

Palm Beach Pediatrics, PA

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|--|--|--|---|--|
| <input type="checkbox"/> Daniel P. Kraft, MD | <input type="checkbox"/> Cheryl E. Wayne, MD | <input type="checkbox"/> J. Christie Goodwin, MD | <input type="checkbox"/> Ann Lewis, ARNP | <input type="checkbox"/> Jennifer Riddle, ARNP |
| <input type="checkbox"/> Timothy C. Bell, MD | <input type="checkbox"/> Nicole Pearson, MD | <input type="checkbox"/> Dionne Skervin, MD | <input type="checkbox"/> Debbie Nuessly, ARNP | <input type="checkbox"/> Laurie Black, ARNP |
| <input type="checkbox"/> Shannon J. Fox-Levine, MD | <input type="checkbox"/> Stacey Stout, MD | <input type="checkbox"/> M. Jayne Brennan, ARNP | <input type="checkbox"/> Andrea Stark, ARNP | <input type="checkbox"/> Blair Heath, ARNP |

- 8200 S. Jog Rd, Suite 101, Boynton Beach, FL 33472 (561) 509-5009
- 3933 N. Haverhill Rd. Suite 116 West Palm Beach, FL 33417 (561) 471-1144
- 12955 Palms West Dr. Suite 100, Loxahatchee, FL 33470 (561) 798-2468