**A Survey From Your Healthcare Provider**

|  |  |
| --- | --- |
| Name: | Date: |
| **Please mark under the answer that best fits you** | **Never** | **Sometimes** | **Often** |
| 1. Complain of aches or pains
 |[ ] [ ] [ ]
| 1. Spend more time alone
 |[ ] [ ] [ ]
| 1. Tire easily, little energy
 |[ ] [ ] [ ]
| 1. Fidgety, unable to sit still
 |[ ] [ ] [ ]
| 1. Have trouble with teacher
 |[ ] [ ] [ ]
| 1. Less interested in school
 |[ ] [ ] [ ]
| 1. Act as if driven by motor
 |[ ] [ ] [ ]
| 1. Daydream too much
 |[ ] [ ] [ ]
| 1. Distract easily
 |[ ] [ ] [ ]
| 1. Are afraid of new situations
 |[ ] [ ] [ ]
| 1. Feel sad, unhappy
 |[ ] [ ] [ ]
| 1. Are irritable, angry
 |[ ] [ ] [ ]
| 1. Feel hopeless
 |[ ] [ ] [ ]
| 1. Have trouble concentrating
 |[ ] [ ] [ ]
| 1. Less interested in friends
 |[ ] [ ] [ ]
| 1. Fight with other children
 |[ ] [ ] [ ]
| 1. Absent from school
 |[ ] [ ] [ ]
| 1. School grades dropping
 |[ ] [ ] [ ]
| 1. Down on yourself
 |[ ] [ ] [ ]
| 1. Visit doctor with doctor finding nothing wrong
 |[ ] [ ] [ ]
| 1. Have trouble sleeping
 |[ ] [ ] [ ]
| 1. Worry a lot
 |[ ] [ ] [ ]
| 1. Want to be with parent more than before
 |[ ] [ ] [ ]
| 1. Feel that you are bad
 |[ ] [ ] [ ]
| 1. Take unnecessary risks
 |[ ] [ ] [ ]
| 1. Get hurt frequently
 |[ ] [ ] [ ]
| 1. Seem to be having less fun
 |[ ] [ ] [ ]
| 1. Act younger than children your age
 |[ ] [ ] [ ]
| 1. Do not listen to rules
 |[ ] [ ] [ ]
| 1. Do not show feelings
 |[ ] [ ] [ ]
| 1. Do not understand other people’s feelings
 |[ ] [ ] [ ]
| 1. Tease others
 |[ ] [ ] [ ]
| 1. Blame others for your troubles
 |[ ] [ ] [ ]
| 1. Take things that do not belong to you
 |[ ] [ ] [ ]
| 1. Refuse to share
 |[ ] [ ] [ ]
| During the past three months, have you thought of killing yourself? | Yes | No |
| Have you ever tried to kill yourself? | Yes | No |
| FOR OFFICE USE ONLY | **TS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cutoff scores for Interpretation | Internalizing problems ≥ 5 | Externalizing problems ≥ 7 | Attention Problems ≥ 7 | Q36 or Q37= Y | TS ≥ 30 |
| Plan for follow-up |
| [ ]  Annual Screening | [ ]  Return visit w/ PCP | [ ]  Referred to counselor | [ ]  Parent declined | [ ]  Already in treatment | [ ]  Referred to other professional |

Source: Pediatric Symptom Checklist – Youth Report (PSC-Y)