

(for Helpful Resources tab)

Pediatric Behavioral Health Screen

Child's Name: _____

Person completing form: _____

Relationship to child: _____

Date: _____

Please circle the answer that best describes you or your child

Pediatric Symptom Checklist	never	some- times	often	(score)
1. Fidgety, unable to sit still	0	1	2	
2. Feels sad, unhappy	0	1	2	
3. Daydreams too much	0	1	2	
4. Refuses to share	0	1	2	
5. Does not understand other people's feelings	0	1	2	
6. Feels hopeless	0	1	2	
7. Has trouble paying attention	0	1	2	
8. Fight with other children	0	1	2	
9. Is down on himself.	0	1	2	
10. Blames others for his/her troubles	0	1	2	
11. Seems to be having less fun	0	1	2	
12. Does not listen to rules	0	1	2	
13. Acts as if driven by a motor	0	1	2	
14. Teases others	0	1	2	
15. Worries a lot	0	1	2	
16. Takes things that do not belong to him/her	0	1	2	
17. distracted easily	0	1	2	

How much do the problems or difficulties you circled above interfere with you or your child's everyday life?

	not at all	only a little	a lot	a great deal
18. do the difficulties you checked above upset or distress your child?	0	1	2	3
19. Do the difficulties checked above place a burden on you and your family	0	1	2	3
20. Do the difficulties checked above interfere with your child's home life?	0	1	2	3
21. Do the difficulties checked above interfere with your child's friendships?	0	1	2	3
22. Do the difficulties checked above interfere with your child's activities?	0	1	2	3
23. Do the difficulties checked above interfere with school or learning?	0	1	2	3

For Questions 1-17, if you have answered "2" for seven or more items, or have a total score of 15 or greater, your child may benefit from counseling. For Questions 18-23, if you have answered "2" or "3" for two or more items, please consider contacting us to make an appointment for you and your child.

Print this page, complete the checklist, and bring it with you to your child's first appointment at Family and Adolescent Counseling Services.