

# PEDIATRIC SYMPTOM CHECKLIST – (PSC) – FOR PATIENTS 4–15 YRS, 11 MOS OLD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physical and emotional health go together. Parents are often the first to notice a change in their child's behavior, emotions, or learning. You may help your child get the best care possible by answering these questions.

Does your child...	Never	Sometimes	Always
1. Complain of aches or pains			
2. Spend more time alone			
3. Tire easily or have little energy			
4. Fidgety or unable to sit still			
5. Have trouble with teachers			
6. Lose interest in school			
7. Act as if driven by motor			
8. Daydream too much			
9. Distract easily			
10. Feel afraid of new situations			
11. Feel sad or unhappy			
12. Feel irritable or angry			
13. Feel hopeless			
14. Have trouble concentrating			
15. Feel less interested in friends			
16. Fight with other children			
17. Have excessive absences from school			
18. Have dropping school grades			
19. Feel down on him or herself			
20. Visit doctor with doctor finding nothing wrong			
21. Have trouble sleeping			
22. Worry a lot			
23. Want to be with a parent more than before			
24. Feel that they are bad			
25. Take unnecessary risks			
26. Get hurt frequently			
27. Seem to be having less fun			
28. Act younger than children his/her age			
29. Not listen to rules			
30. Not show feelings			
31. Not understand other people's feelings			
32. Tease others			
33. Blame others for his/her troubles			
34. Take things that do not belong to him/her			
35. Refuse to share			

**Total** \_\_\_\_\_

Does your child have any emotional/behavioral problems for which he/she needs help? \_\_\_ Yes \_\_\_ No

**See Other Side ----->**

# Pediatric Associates of Greater Salem, Inc.

## **FOR ALL PATIENTS**

### Tuberculosis Screening

<b>The following has been developed to identify those children who need tuberculosis (TB) skin testing. Please answer the following questions:</b>	<b>Yes</b>	<b>No</b>
1. Does your child have exposure to a person with confirmed or suspected TB?		
2. Does your child have exposure to a person who would be considered at high risk of having TB, i.e HIV infected, homeless, residents living in a nursing home, institutionalized or incarcerated adolescents or adults, users of illicit drugs or migrant farm worker?		
3. Has your child lived in a part of the world where TB is frequently diagnosed, i.e. Africa, Central or South America, Caribbean (not Puerto Rico), Asia, Middle East, or Easter Europe?		
4. Does your child have a parent who was born in a high risk country or have household contact with a person from a high risk country?		
5. Does your child have a history of travel to a high risk country?		

## **FOR CHILDREN UNDER 6 YEARS OF AGE ONLY**

### Lead Screening

<b>In an effort to decrease the number of times blood tests for Lead poisoning have to be done on your child, the following screening questions have been developed to identify those children at high risk.</b>	<b>Yes</b>	<b>No</b>
1. Does your child live in housing constructed prior to 1978, containing paint in poor condition, i.e., peeling, chipping, or flaking paint or broken or crumbling plaster?		
2. Does your child live near lead or processing plants or other point sources of lead contamination, or have parents or other household members who work in a lead-related occupation or have a lead-related hobby?		
3. Does your child have siblings, housemates, or playmates that have lead poisoning?		
4. Does your child live in housing constructed prior to 1978 which is undergoing renovation that is likely to disrupt painted surfaces?		