



As you are aware Dr. Ha is dedicated to promoting your child's healthy social and emotional development as well as their physical development. We would like your assistance in helping us to achieve this by completing some simple questionnaires. The answers to all questions will be kept confidential. If you cannot answer a particular question or feel uncomfortable answering it, please leave it blank. Please fill out the questionnaire as honestly as possible. The purpose of the questionnaire is to help us discuss topics that may be important to your child's overall well being. When you have completed the questionnaire please fold it up and hand it to the receptionist so that s/he can hand it to the doctor to review.

Depending on your child's age we may also ask that your child complete a similar questionnaire so that s/he can let us know how s/he is doing. Please encourage your child to complete the questionnaire in private so that s/he can be as candid as possible. S/he may request to sit in another room for privacy.

Child's Name: _____

Record #: _____

Filled out by: _____

Child's DOB: _____

Today's Date: _____

Pediatric Symptom Checklist 17 (PSC-17)

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.

Please mark under the heading that best describes your child:

	Never	Sometimes	Often
❖ Fidgety, unable to sit still	0	1	2
□ Feels sad, unhappy	0	1	2
❖ Daydreams too much	0	1	2
● Refuses to share	0	1	2
● Does not understand other people's feelings	0	1	2
□ Feels hopeless	0	1	2
❖ Has trouble concentrating	0	1	2
● Fights with other children	0	1	2
□ Is down on him or herself	0	1	2
● Blames others for his or her troubles	0	1	2
□ Seems to be having less fun	0	1	2
● Does not listen to rules	0	1	2
❖ Acts as if driven by a motor	0	1	2
● Teases others	0	1	2
□ Worries a lot	0	1	2
● Takes things that do not belong to him or her	0	1	2
❖ Distracted easily	0	1	2

Does your child have any emotional or behavioral problems for which she/he needs help? Y No

Are there any services that you would like your child to receive for these problems? Y No

If yes, what services? _____

OFFICE USE ONLY

Total ❖ _____ Total ● _____ Total □ _____ Grand Total ❖ + ● + □ _____

How is Your Child Doing?

P4+
INITIAL

OFFICE USE ONLY

Score: _____

Child's Name (circle one) Male Female

Date of Birth

***** Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get along with other people?

	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

	Less than a month	1-5 months	6-12 months	Over a year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress your child?

	Not at all	A little	A medium amount	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties put a burden on you or the family as a whole?

	Not at all	A little	A medium amount	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature Date

Mother/Father/Other (please specify):

Thank you very much for your help