

Patient Identifier

BABY PEDIATRIC SYMPTOM CHECKLIST

Recommended for 1 month, 0 days to 17 months, 31 days	Your Name:
	Relationship to the baby:

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

Please mark under the heading that best fits you

	Not at all	Somewhat	Very much
Does your child have a hard time being with new people?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
	Flexible - Total: _____		
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2
Is your child fussy or irritable?	0	1	2
Is it hard to comfort your child?	0	1	2
	Comfort - Total: _____		
Is it hard to keep your child on a schedule or routine?	0	1	2
Is it hard to put your child to sleep?	0	1	2
Is it hard to get enough sleep because of your child?	0	1	2
Does your child have trouble staying asleep?	0	1	2
	Routines - Total: _____		

Do you currently receive counseling or behavioral health services? If yes, where?	YES	NO
Are you interested in talking with someone about your child's behavior or development?	YES	NO

For Office Use Only

To Score

1. Score the items "Not at all" = 0, "Somewhat" = 1, "Very Much" = 2

2. Sum the four questions in each subscale **BPSC - Flexible**
BPSC - Comfort
BPSC - Routine

3. Totals Any summed score of 3 or more means that families might like to talk about how to learn more about their baby.