

	Patient Identifier
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PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST

Recommended 18 month, 0 days to 65 months, 31 days	Your Name:
	Relationship to the child:

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...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child...	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to...	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2
	Total Sum (across Columns)			

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	
<ol style="list-style-type: none"> 1. Score the items 2. Find the summed total 	<p>“Not at all” = 0, “Somewhat” = 1, “Very much” = 2</p> <p>Any summed score of 9 or more means that families might like to talk about how to learn more about their young child.</p>

