

PARENT QUESTIONNAIRE

Identifying Information

Client's Name: _____ Today's Date: _____

Age: _____ Grade: _____ School: _____

Person completing questionnaire: _____ Who referred you: _____

Current Concerns

Describe the reason(s) for making this appointment? _____

What have you tried thus far to help with these difficulties? _____

List any recent stressful events your child has encountered: _____

Describe your child's strengths: _____

Describe your child's relationship with family members or friends: _____

What else do we need to know about your child or family situation? _____

What would you like to see happen as a result of counseling? _____

Child's Name: _____ Date: _____

PEDIATRIC SYMPTOM CHECKLIST (PSC)

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 mark under the heading that best describes your child.

(Reference: Bright Futures Tool for Professionals)

	Description	Never	Sometimes	Often
1	Complains of aches and pains			
2	Spends more time alone			
3	Tires easily, has little energy			
4	Fidgety, unable to sit still			
5	Has trouble with a teacher(s)			
6	Less interested in school			
7	Acts as if driven by a motor			
8	Daydreams too much			
9	Distracted easily			
10	Is afraid of new situations			
11	Feels sad, unhappy			
12	Is irritable, angry			
13	Feels hopeless			
14	Has trouble concentrating			
15	Less interested in friends			
16	Fights with other children			
17	Absent from school			
18	School grades dropping or have dropped			
19	Is down on him or herself			
20	Visits the doctor with the doctor finding nothing wrong			
21	Has trouble sleeping			
22	Worries a lot			
23	Wants to be with you more than before			
24	Feels he or she is "bad"			
25	Takes unnecessary risks			
26	Gets hurt frequently			
27	Seems to be having less fun			
28	Acts younger than children his or her age			
29	Does not listen to rules			
30	Does not show feelings			
31	Does not understand other people's feelings			
32	Teases others			
33	Blames others for his or her troubles			
34	Takes things that do not belong to him or her			
35	Refuses to share			
	For office use only: Total score			