

Which Caregiver/Adult Was Involved (Client Name)?

Date of Activity:

Program

- Becoming a Mom
- Family Planning
- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance (PMI)
- Teen Pregnancy (TPTCM)
- Kansas Connecting Communities

Pediatric Symptom Checklist (PSC-17 Caregiver)

Please mark under the heading that best describes your child:

	Never (0)	Sometimes (1)	Often (2)
1. Feels sad, unhappy			
2. Feels hopeless			
3. Is down on self			
4. Worries a lot			
5. Seems to be having less fun			
6. Fidgety, unable to sit still			
7. Daydreams too much			
8. Distracted easily			
9. Has trouble concentrating			
10. Acts as if driven by a motor			
11. Fights with other children			
12. Does not listen to rules			
13. Does not understand other people's feelings			
14. Teases others			
15. Blames others for his/her troubles			
16. Refuses to share			
17. Takes things that do not belong to him/her			
Totals			

Totals (of all boxes) =

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