

Which Child 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 Child)

Please mark under the heading that best fits you:		Never (0)	Sometimes (1)	Often (2)
◆	Fidgety, unable to sit still	◆		
✱	Feel sad, unhappy	✱		
◆	Daydream too much	◆		
□	Refuse to share	□		
□	Do not understand other people's feelings	□		
✱	Feel hopeless	✱		
◆	Have trouble concentrating	◆		
□	Fight with other children	□		
✱	Down on yourself	✱		
□	Blame others for your troubles	□		
✱	Seem to be having less fun	✱		
□	Do not listen to rules	□		
◆	Act as if driven by a motor	◆		
□	Tease others	□		
✱	Worry a lot	✱		
□	Take things that do not belong to you	□		
◆	Distract easily	◆		

Office use only

Total ◆	Total □	Total ✱	Grand Total ◆+□+✱
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