



Hawthorn Medical Associates

An Affiliate of STEWARD HEALTH CARE NETWORK 

Hawthorn Pediatrics

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CHILD'S NAME _____ DATE _____

DATE OF BIRTH _____ CHART # _____

FILLED OUT BY _____ RELATIONSHIP TO CHILD _____

Please take a few minutes to fill out the following questionnaire. This information will help us obtain a more complete picture of your child's physical, mental and behavioral development. The questionnaire we are using is approved and recommended by MassHealth and the American Academy of Pediatrics. Do not hesitate to ask any questions, and thank you for your time and assistance. If your insurance doesn't cover this service, please call our office manager.

DATE _____ NAME _____

CHART# _____

FILLED OUT BY _____ DATE OF BIRTH _____

Pediatric Symptom Checklist - Youth Report (Y-PSC)

Please mark under the heading that best fits you:

		Never (0)	Sometimes (1)	Often (2)
1. Complain of aches/pains	1.	_____	_____	_____
2. Spend more time alone	2.	_____	_____	_____
3. Tire easily, have little energy	3.	_____	_____	_____
4. Fidgety, unable to sit still	4.	_____	_____	_____
5. Have trouble with a teacher	5.	_____	_____	_____
6. Less interested in school	6.	_____	_____	_____
7. Act as if driven by a motor	7.	_____	_____	_____
8. Daydream too much	8.	_____	_____	_____
9. Easily distracted	9.	_____	_____	_____
10. Afraid of new situations	10.	_____	_____	_____
11. Feel sad, unhappy	11.	_____	_____	_____
12. Feel irritable, angry	12.	_____	_____	_____
13. Feel hopeless	13.	_____	_____	_____
14. Have trouble concentrating	14.	_____	_____	_____
15. Less interested in friends	15.	_____	_____	_____
16. Fight with other children	16.	_____	_____	_____
17. Absent from school	17.	_____	_____	_____
18. School grades dropping	18.	_____	_____	_____
19. Down on myself	19.	_____	_____	_____
20. Visit doctor with doctor finding nothing wrong	20.	_____	_____	_____
21. Have trouble sleeping	21.	_____	_____	_____
22. Worry a lot	22.	_____	_____	_____
23. Want to be with parent more than before	23.	_____	_____	_____
24. Feel that I am bad	24.	_____	_____	_____
25. Take unnecessary risks	25.	_____	_____	_____
26. Get hurt frequently	26.	_____	_____	_____
27. Seem to be having less fun	27.	_____	_____	_____
28. Act younger than children my age	28.	_____	_____	_____
29. Do not listen to rules	29.	_____	_____	_____
30. Do not show feelings	30.	_____	_____	_____
31. Do not understand other people's feelings	31.	_____	_____	_____
32. Tease others	32.	_____	_____	_____
33. Blame others for my troubles	33.	_____	_____	_____
34. Take things that do not belong to me	34.	_____	_____	_____
35. Refuse to share	35.	_____	_____	_____

Total Score: _____