Metropolitan Pediatrics

Survey of Well-Being of Young Children

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

Name: _____ Birthday: _____ Visit Date: _____

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.

		NOT AT ALL	SOMEWHAT	VERY MUCH
SECTION 1	Does your child have a hard time being with new people?	0	1	2
	Does your child have a hard time in new places?	0	1	2
	Does your child have a hard time with change?	0	1	2
	Does your child mind being held by other people?	0	1	2
SECTION 2	Does your child cry a lot?	0	1	2
	Does your child have a hard time calming down?	0	1	2
	Is your child fussy or irritable?	0	1	2
	Is it hard to comfort your child?	0	1	2
SECTION 3	Is it hard to keep your child on a schedule or routine?	0	1	2
	Is it hard to put your child to sleep?	0	1	2
	Is it hard to get enough sleep because of your child?	0	1	2
	Does your child have trouble staying asleep?	0	1	2