

Survey of Well-Being of Young Children

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

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
DOES YOUR CHILD...			
Seem nervous or afraid?	0	1	2
Seem sad or unhappy?	0	1	2
Get upset if things are not done in a certain way?	0	1	2
Have a hard time with change?	0	1	2
Have trouble playing with other children?	0	1	2
Break things on purpose?	0	1	2
Fight with other children?	0	1	2
Have trouble paying attention?	0	1	2
Have a hard time calming down?	0	1	2
Have trouble staying with one activity?	0	1	2
IS YOUR CHILD...	0	1	2
Aggressive?	0	1	2
Fidgety or unable to sit still?	0	1	2
Angry?	0	1	2
IS IT HARD TO...	0	1	2
Take your child out in public?	0	1	2
Comfort your child?	0	1	2
Know what your child needs?	0	1	2
Keep your child on a schedule or routine?	0	1	2
Get your child to obey you?	0	1	2