



## 6 – 10 year Parent Questionnaire continued

### ★ Social Determinants of Health

Within the past 12 months, you worried that your food would run out before you got money to buy more.

Often true     Sometimes true     Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Often true     Sometimes true     Never true

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living? (check all that apply)

- Yes, it has kept me from medical appointments or getting medication  
 Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need  
 No

Would you like information regarding these concerns? (check all that apply)

- Yes, have someone contact me     Yes, I would like written information     No

### ★ Pediatric Symptom Checklist (PSC-17)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please indicate how each of these statements best describes your child.

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

I ≥ 5, A ≥ 7, E ≥ 7, T ≥ 15

**Total Score:**

★ Please write down any questions or concerns that you would like to talk about today:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_ Provider initials