

Parent Symptom Questionnaire (PSQ)

Name of Child: _____ Child DOB: _____ Date: _____

Please answer all questions. Beside each item below, indicate the degree of the problem by a check mark.

	Not at all	Just a little	Pretty much	Very much
1. Picks at things (nails, fingers, hair, clothing)				
2. Sassy to grown-ups				
3. Problems with making or keeping friends				
4. Excitable, impulsive				
5. Wants to run things				
6. Sucks or chews (thumb, clothing, blankets)				
7. Cries easily or often				
8. Carries a chip on shoulder				
9. Daydreams				
10. Difficulty in learning				
11. Restless in the "squirmy" sense				
12. Fearful (of new situations, new people or places, going to school)				
13. Restless, always up and on the go				
14. Destructive				
15. Tells lies or stories that aren't true				
16. Shy				
17. Gets into more trouble than other the same age				
18. Speaks differently from others same age (baby talk, stuttering, hard to understand)				
19. Denies mistakes or blames others				
20. Quarrelsome				
21. Puts and sulks				
22. Steals				
23. Disobedient or obeys resentfully				
24. Worries more than others (about being alone; illness or death)				
25. Fails to finish things				
26. Feeling easily hurt				
27. Bullies others				
28. Unable to stop a repetitive activity				
29. Cruel				
30. Childish or immature (wants help shouldn't need; clings, needs constant reassurance)				
31. Distractibility or attention span a problem				
32. Headaches				
33. Mood changes quickly and drastically				