

Pediatric Symptom Checklist (PSC-17)

Patient Name: _____ DOB: _____

Please complete the questions that best describe your child:

		<u>NEVER (0)</u>	<u>SOMETIMES (1)</u>	<u>OFTEN (2)</u>
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 his/her 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 thing that do not belong to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any emotional or behavioral problems for which he/she needs help? No Yes

Parent Signature: _____ Date: _____