

Patient Name: _____

Today's Date: _____

Pediatric Symptom Checklist (PSC-17)

Please mark under the heading that best describes your child:

- | | (0)
NEVER | (1)
SOMETIMES | (2)
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 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 things 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 she/he needs help? __No __Yes