

Child's Name: _____
 Filled out by: _____
 Today's Date: _____

Record #: _____
 Child's DOB: _____

Pediatric Symptom Checklist 17 (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 which statement best describes your child.

Please mark under the heading that best describes your child:	Never	Sometimes	Often
<input checked="" type="checkbox"/> Fidgety, unable to sit still	0	1	2
<input type="checkbox"/> Feels sad, unhappy	0	1	2
<input checked="" type="checkbox"/> Daydreams too much	0	1	2
<input checked="" type="checkbox"/> Refuses to share	0	1	2
<input checked="" type="checkbox"/> Does not understand other people's feelings	0	1	2
<input type="checkbox"/> Feels hopeless	0	1	2
<input checked="" type="checkbox"/> Has trouble concentrating	0	1	2
<input checked="" type="checkbox"/> Fights with other children	0	1	2
<input type="checkbox"/> Is down on him or herself	0	1	2
<input checked="" type="checkbox"/> Blames others for his or her troubles	0	1	2
<input type="checkbox"/> Seems to be having less fun	0	1	2
<input checked="" type="checkbox"/> Does not listen to rules	0	1	2
<input checked="" type="checkbox"/> Acts as if driven by a motor	0	1	2
<input checked="" type="checkbox"/> Teases others	0	1	2
<input type="checkbox"/> Wornes a lot	0	1	2
<input checked="" type="checkbox"/> Takes things that do not belong to him or her	0	1	2
<input checked="" type="checkbox"/> Distracted easily	0	1	2

OFFICE USE ONLY

Total _____ Total _____ Total _____ + + _____