

Pediatric Symptom Checklist (PSC-17)

Child's Name: _____

Date of Birth: _____

Today's Date: _____

Please mark under the heading that 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 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"/>