

Pediatric Symptom Checklist (PSC-17)

Date _____

Name of Person Completing this Form First Name Last Name	Child's Name First Name Last Name	Child's Date of Birth
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	Please check the box under the heading that best describes your child or you.			For Office Use Only
	(0) Never	(1) Sometimes	(2) Often	
1. Feels sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internalizing Total
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"/>	Attention Total
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"/>	Externalizing Total
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"/>	

Total Score

A score of 15 or higher may indicate the need for an assessment by a qualified medical or mental health professional.