|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| logo | **Pediatric Symptoms 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 | |
|  | | | 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 | | |  |  |  | | Internalizing Total |
| 2. Feels hopeless | | |  |  |  | |
| 3. Is down on self | | |  |  |  | |
| 4. Worries a lot | | |  |  |  | |
| 5. Seems to be having less fun | | |  |  |  | |  |
|  | | | | | | | |
| 6. Fidgety, unable to sit still | | |  |  |  | | Attention Total |
| 7. Daydreams too much | | |  |  |  | |
| 8. Distracted easily | | |  |  |  | |
| 9. Has trouble concentrating | | |  |  |  | |
| 10. Acts as if driven by a motor | | |  |  |  | |  |
|  | | | | | | | |
| 11. Fights with other children | | |  |  |  | | Externalizing Total |
| 12. Does not listen to rules | | |  |  |  | |
| 13. Does not understand other people’s feelings | | |  |  |  | |
| 14. Teases others | | |  |  |  | |
| 15. Blames others for his/her troubles | | |  |  |  | |
| 16. Refuses to share | | |  |  |  | |
| 17. Takes things that do not belong to him/her | | |  |  |  | |  |
|  | | | | | | | |
|  | | | | | **Total Score** | |  |
| A score of 15 or higher may indicate the need for an assessment by a qualified medical or mental health professional. | | | | | | | |