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| --- | --- | --- |
| logo | **Pediatric Symptoms Checklist(PSC–17)** | Date |
| Name of Person Completing this FormFirst Name Last Name | Child’s NameFirst 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 | [ ]  | [ ]  | [ ]  | AttentionTotal |
|  7. Daydreams too much | [ ]  | [ ]  | [ ]  |
|  8. Distracted easily | [ ]  | [ ]  | [ ]  |
|  9. Has trouble concentrating | [ ]  | [ ]  | [ ]  |
|  10. Acts as if driven by a motor | [ ]  | [ ]  | [ ]  |  |
|  |
|  11. Fights with other children | [ ]  | [ ]  | [ ]  | ExternalizingTotal |
|  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. |