

PEDIATRIC SYMPTOM CHECKLIST-17 (PSC-17)

Filled out by: _____ Record #: _____

Child's DOB: _____ Today's Date: _____

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
◆	Fidgety, unable to sit still	0	1	2
*	Feels sad, unhappy	0	1	2
◆	Daydreams too much	0	1	2
□	Refuses to share	0	1	2
□	Does not understand other people's feelings	0	1	2
*	Feels hopeless	0	1	2
◆	Has trouble concentrating	0	1	2
□	Fights with other children	0	1	2
*	Is down on him or herself	0	1	2
□	Blames others for his or her trouble	0	1	2
*	Seems to be having less fun	0	1	2
□	Does not listen to rules	0	1	2
◆	Acts as if driven by a motor	0	1	2
□	Teases others	0	1	2
*	Worries a lot	0	1	2
□	Takes things that do not belong to him or her	0	1	2
◆	Distracted easily	0	1	2

OFFICE USE ONLY

Total ◆ _____ Total □ _____ Total * _____ Grand Total ◆+□+* _____