

Comprehensive screening is important to understand your total health. Please complete this page if you have any questions about your mental or behavioral health.

**PEDIATRIC SYMPTOM
CHECKLIST (PSC -17)
YOUTH COMPLETED VERSION**

Name: _____

Today's Date: _____

Date of Birth: _____

Emotional and physical health go together in children. You can get the best care possible when it comes to your behavior, emotions, or learning by answering these questions. Please indicate which statement best describes you.

Office Use

	Never (0)	Sometimes (1)	Often (2)	I	A	E
Please mark under the heading that best fits you:	0	1	2			
1. Feel sad.						
2. Feel hopeless.						
3. Feel down on yourself.						
4. Worry a lot.						
5. Seem to be having less fun.						
6. Fidgety, unable to sit still.						
7. Daydream too much.						
8. Distract easily.						
9. Have trouble concentrating.						
10. Act as if driven by a motor.						
11. Fight with other children.						
12. Do not listen to rules.						
13. Do not understand people's feelings.						
14. Tease others.						
15. Blame others for your troubles.						
16. Refuse to share.						
17. Take things that do not belong to you.						
Total						
Highlight if child meets any cut off score in any area	≥ 15			≥ 5	≥ 7	≥ 7

Do any of the above concerns impact your performance at school, home, or with friends? Yes No