

Child's Name _____
Today's Date _____
Date of Birth _____

Record Number _____
Filled out by _____

Pediatric Symptom Checklist - Youth Report (Y-PSC)

Please mark under the heading that best fits you:

	Never	Sometimes	Often
1. Complain of aches or pains.....	—	—	—
2. Spend more time alone.....	—	—	—
3. Tire easily, little energy.....	—	—	—
4. Fidgety, unable to sit still.....	—	—	—
5. Have trouble with teacher.....	—	—	—
6. Less interested in school.....	—	—	—
7. Act as if driven by motor.....	—	—	—
8. Daydream too much.....	—	—	—
9. Distract easily.....	—	—	—
10. Are afraid of new situations.....	—	—	—
11. Feel sad, unhappy.....	—	—	—
12. Are irritable, angry.....	—	—	—
13. Feel hopeless.....	—	—	—
14. Have trouble concentrating.....	—	—	—
15. Less interested in friends.....	—	—	—
16. Fight with other children.....	—	—	—
17. Absent from school.....	—	—	—
18. School grades dropping.....	—	—	—
19. Down on yourself.....	—	—	—
20. Visit doctor with doctor finding nothing wrong.....	—	—	—
21. Have trouble sleeping.....	—	—	—
22. Worry a lot.....	—	—	—
23. Want to be with parent more than before.....	—	—	—
24. Feel that you are bad.....	—	—	—
25. Take unnecessary risks.....	—	—	—
26. Get hurt frequently.....	—	—	—
27. Seem to be having less fun.....	—	—	—
28. Act younger than children your age.....	—	—	—
29. Do not listen to rules.....	—	—	—
30. Do not show feelings.....	—	—	—
31. Do not understand other people's feelings.....	—	—	—
32. Tease others.....	—	—	—
33. Blame others for your troubles.....	—	—	—
34. Take things that do not belong to you.....	—	—	—
35. Refuse to share.....	—	—	—