

Youth Pediatric Symptom Checklist-17 (Y PSC-17)

Name: _____ Today's Date: _____

Date of Birth: _____

Please mark under the heading that best fits you	NEVER	SOMETIMES	OFTEN
◆ Fidgety, unable to sit still ◆	0	1	2
* Feel sad, unhappy *	0	1	2
◆ Daydream too much ◆	0	1	2
□ Refuses to share □	0	1	2
□ Do not understand other people's feelings □	0	1	2
* Feel hopeless *	0	1	2
◆ Have trouble concentrating ◆	0	1	2
□ Fight with other children □	0	1	2
* Down on yourself *	0	1	2
□ Blame others for your troubles □	0	1	2
* Seem to be having less fun *	0	1	2
□ Do not listen to rules □	0	1	2
◆ Act as if driven by a motor ◆	0	1	2
□ Tease others □	0	1	2
* Worry a lot *	0	1	2
□ Take things that do not belong to you □	0	1	2
◆ Distract easily ◆	0	1	2

OFFICE USE ONLY

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