

FORM A

Child's Name: _____ Date of Birth: _____

Filled out by: _____ Today's Date: _____

Pediatric Symptom Checklist 17 (PSC-17)

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 her self	0	1	2
●	Blames others for his or her troubles	0	1	2
■	Seems to have 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

For Office
Use Only:

Total ◆ _____ Total ● _____ Total ■ _____ ◆ + ● + ■ _____