

# DELAWARE VALLEY PEDIATRIC ASSOCIATES, P.A.

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## PEDIATRIC SYMPTOM CHECKLIST (PSC-17)

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Never      Sometimes      Often  
 (0)            (1)            (2)

*Please mark under the heading that best describes your child:*

Feels sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is down on self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daydreams too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blames others for his/her trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes things that do not belong to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[updated 1/28/14]