YOUTH PEDIATRIC SYMPTOM CHECKLIST-17 (Y PSC-17)

Name: _____ Record #: _____

Date of Birth: _____ Today's Date: _____

Please mark under the heading that best fits your child:		NEVER	SOMETIMES	OFTEN
◆	Fidgety, unable to sit still ◆	0	1	2
✻	Feel sad, unhappy ✻	0	1	2
◆	Daydream too much ◆	0	1	2
❑	Refuse 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 ◆+❑+✻ _____

Form adapted with permission for *Feelings Need Check Ups Too*, 2004