Pediatric Symptom Checklist (PSC-17)

Please mark under the heading that best describes your child:

		(0) NEVER	(1) SOMETIMES	(2) OFTEN
1.	Feels sad, unhappy	☐	☐	☐
2.	Feels hopeless	☐	☐	☐
3.	Is down on self	☐	☐	☐
4.	Worries a lot	☐	☐	☐
5.	Seems to be having less fun	☐	☐	☐
6.	Fidgety, unable to sit still	☐	☐	☐
7.	Daydreams too much	☐	☐	☐
8.	Distracted easily	☐	☐	☐
9.	Has trouble concentrating	☐	☐	☐
10.	Acts as if driven by a motor	☐	☐	☐
11.	Fights with other children	☐	☐	☐
12.	Does not listen to rules	☐	☐	☐
13.	Does not understand other people's feelings	☐	☐	☐
14.	Teases others	☐	☐	☐
15.	Blames others for his/her troubles	☐	☐	☐
16.	Refuses to share	☐	☐	☐
17.	Takes things that do not belong to him/her	☐	☐	☐

Does your child have any emotional or behavioral problems for which she/he needs help? __No __Yes