

Name: _____ Date of Birth: _____

Filled Out By: _____ Today's Date: _____

Pediatric Symptom Checklist-Youth Report (PSC-Y)

Please mark under the heading that best fits you:

	Never	Sometimes	Often
1. Complain of aches/pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spend more time alone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tire easily, little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have trouble with teacher (6-16 year old children only)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school (6-16 year old children only)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Act as if driven by a motor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daydream too much.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Distract easily.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are afraid of new situations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feel sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are irritable, angry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feel hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have trouble concentrating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Less interest in friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fight with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Absent from school (6-16 year old children only).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School grades dropping (6-16 year old children only)..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Down on yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Visit doctor with doctor finding nothing wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Have trouble sleeping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Want to be with parent more than before.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Feel that you are bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Take unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Get hurt frequently.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Seem to be having less fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Act younger than children your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do not show feelings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Tease others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blame others for his or her troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Take things that do not belong to him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Refuse to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments:

Total Score: _____ Results: _____