



PEDIATRIC SYMPTOM CHECKLIST 17 (PSC-17)

Name: _____ DOB: _____ Date: _____

Historian: _____ Relationship to Patient: _____

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