

Pediatric Symptom Checklist - Youth Report (Y-PSC)

Patient Name _____

Please mark under the heading that best fits you:

Date of Birth _____

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

Total Score _____

Person Completing this Form _____