

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Filled out by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Pediatric Symptom Checklist 17 (PSC-17)

**Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.**

Please mark under the heading that best describes your child:	Never	Sometimes	Often
◆ Fidgety, unable to sit still	0	1	2
■ Feels sad, unhappy	0	1	2
◆ Daydreams too much	0	1	2
⊙ Refuses to share	0	1	2
⊙ Does not understand other people's feelings	0	1	2
■ Feels hopeless	0	1	2
◆ Has trouble concentrating	0	1	2
⊙ Fights with other children	0	1	2
■ Is down on him or her self	0	1	2
⊙ Blames others for his or her troubles	0	1	2
■ Seems to have less fun	0	1	2
⊙ Does not listen to rules	0	1	2
◆ Acts as if driven by a motor	0	1	2
⊙ Teases others	0	1	2
■ Worries a lot	0	1	2
⊙ Takes things that do not belong to him or her	0	1	2
◆ Distracted easily	0	1	2

Total ◆ _____ Total ⊙ _____ Total ■ _____	◆ + ⊙ + ■ _____
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This Screening is billed to your insurance. If you have commercial insurance it may or may not be a covered benefit.