

YOUTH PEDIATRIC SYMPTOM CHECKLIST-17 (Y PSC-17)

Name: _____ Record #: _____

Date of Birth: _____ Today's Date: _____

Please mark under the heading that best fits you:		NEVER	SOMETIMES	OFTEN
1.	* Feel sad, unhappy *	0	1	2
2.	* Feel hopeless *	0	1	2
3.	* Down on yourself *	0	1	2
4.	* Worry a lot *	0	1	2
5.	* Seem to be having less fun *	0	1	2
6.	◆ Fidgety, unable to sit still ◆	0	1	2
7.	◆ Daydream too much ◆	0	1	2
8.	◆ Distract easily ◆	0	1	2
9.	◆ Have trouble concentrating ◆	0	1	2
10.	◆ Act as if driven by a motor ◆	0	1	2
11.	□ Fight with other children □	0	1	2
12.	□ Do not listen to rules □	0	1	2
13.	□ Do not understand other people's feelings □	0	1	2
14.	□ Tease others □	0	1	2
15.	□ Blame others for your troubles □	0	1	2
16.	□ Refuse to share □	0	1	2
17.	□ Take things that do not belong to you □	0	1	2

OFFICE USE ONLY

Total ◆ _____ Total □ _____ Total * _____ Grand Total ◆+□+* _____

Form adapted with permission for *Feelings Need Check Ups Too*, 2004
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 and Bright Futures in Practice: Mental Health, 2002