

Patient Identifier

PEDIATRIC SYMPTOM CHECKLIST 17 <i>Youth Form (11yrs – 17yrs)</i>	Patient Name:
	Date of Birth:
	Today's Date:

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

Do you currently receive counseling or behavioral health services? If yes, where?	No	Yes
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For Office Use Only		Column Totals		
To Score		I=	A=	E=
1. Fill in the unshaded box in the above right "Office Use" area.	"Never" = 0, "Sometimes" = 1, "Often" = 2	Positive Scores		
2. Sum the 3 columns to the right.	PSC 17 - Internalizing = sum of Column I PSC 17 - Attention = sum of Column A PSC 17 - Externalizing = sum of Column E	≥5	≥7	≥7
3. Sum the row to the right.	PSC 17 Total Score = sum of PSC 17-I + PSC 17-A + PSC 17-E	Total Score: Pos Score ≥ 15		T=
Circle Positive Scores				