

Name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Today 's Date: \_\_\_\_\_

### Pediatric Symptom Checklist - Youth Report (Y-PSC)

Please mark under the heading that best fits you:

|   | Never | Often | Sometimes |
|---|-------|-------|-----------|
| 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.....                                | —     | —     | —         |