

**Pediatric Symptom Checklist – Youth Report (Y-PSC)**

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Please mark under the heading that best describes you:

	Never	Sometimes	Often
1. Complain of aches and pains	_____	_____	_____
2. Spend more time alone	_____	_____	_____
3. Tire easily	_____	_____	_____
4. Fidgety, unable to sit still	_____	_____	_____
5. Have trouble with teacher	_____	_____	_____
6. Less interested in school	_____	_____	_____
7. Act as if driven by a 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 interest in friends	_____	_____	_____
16. Fight with other children	_____	_____	_____
17. Absent from school	_____	_____	_____
18. School grades dropping	_____	_____	_____
19. Down on yourself	_____	_____	_____
20. Visit the 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	_____	_____	_____

Do you have any emotional or behavioral problems for which you would like help? ( ) N ( ) Y