

Pediatric Symptom Checklist—Youth (PSC-Y)

Name:	IS #:	Date:
Clinical Staff Name:	Admin Time Point: <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Discharge	

Please mark under the heading that best fits you:	Never 0	Sometimes 1	Often 2	N/A*
1. Complain of aches or pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Spend more time alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Tire easily, little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have trouble with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Act as if driven by motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Daydream too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Distract easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are afraid of new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Feel sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are irritable, angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Feel hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Less interested in friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Fight with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Absent from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School grades dropping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Down on yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Visit doctor with doctor finding nothing wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Have trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Want to be with parent more than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Feel that you are bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Take unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Get hurt frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Seem to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Act younger than children your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Do not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Do not show feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Do not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Tease others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Blame others for your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Take things that do not belong to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Refuse to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total Score: _____