

# PEDIATRIC SYMPTOM CHECKLIST – (Y-PSC) – FOR PATIENTS 16 & OLDER

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

Physical and emotional health go together. Please indicate which statement best describes you so the doctor can assess you.

Do you...	Never	Sometimes	Always
1. Complain of aches or pains.....	___	___	___
2. Spend more time alone.....	___	___	___
3. Tire easily or have little energy.....	___	___	___
4. Fidget or unable to sit still.....	___	___	___
5. Have trouble with teachers.....	___	___	___
6. Lose interest in school.....	___	___	___
7. Act as if driven by motor.....	___	___	___
8. Daydream too much.....	___	___	___
9. Distract easily.....	___	___	___
10. Feel afraid of new situations.....	___	___	___
11. Feel sad or unhappy.....	___	___	___
12. Feel irritable or angry.....	___	___	___
13. Feel hopeless.....	___	___	___
14. Have trouble concentrating.....	___	___	___
15. Feel less interested in friends.....	___	___	___
16. Fight with other children.....	___	___	___
17. Have excessive absences from school.....	___	___	___
18. Have dropping school grades. ....	___	___	___
19. Feel down on yourself.....	___	___	___
20. Visit doctor with doctor finding nothing wrong.....	___	___	___
21. Have trouble sleeping.....	___	___	___
22. Worry a lot.....	___	___	___
23. Want to be with a 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. Not listen to rules.....	___	___	___
30. Not show feelings.....	___	___	___
31. 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.....	___	___	___

**Total** \_\_\_\_\_

Would you like to seek help for any behavioral or emotional problems? \_\_\_ Yes \_\_\_ No