

## PEDIATRIC SYMPTOM CHECKLIST (PSC-17)

Patient Name:

DOB:

Today's Date:

Filled out by:

***In order to comply with the national standard of care, we ask that you complete this survey as an integral part of your child's well visit. As is true with other provided services such as lab tests and vaccines, you may be responsible for any billable charges not covered by your insurance carrier. Thank you in advance for your cooperation.***

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child by checking  the boxes.

	NEVER	SOMETIMES	OFTEN
1. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feels sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Daydreams too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is down on themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Blames others for their troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Seems to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Acts as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Takes things that do not belong to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>