Patient to complete form. Please bring to physical appointment.

MULTICARE ASSOCIATES
MEDICAL CENTERS
763-785-4500

Date _____
Name _____
Date of Birth _____

Pediatric Symptom Checklist - Youth Report (Y-PSC)
Ages 11 - 18

Please mark under the heading that best fits you:

	Never	Sometimes	Often
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.....	___	___	___