Survey: PSC-17-Y

Description: Pediatric Symptom Checklist 17 - Youth Questionnaire (PSC-17-Y)

Instructions: Please read each statement and choose the answer which best fits you

Privacy level: Any staff member

(A) Fidgety, unable to sit still	Never Sometimes Often
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(I) Feel sad, unhappy Never | Sometimes | Often

(A) Daydream too much Never | Sometimes | Often

(E) Refuse to share Never | Sometimes | Often

(E) Do not understand other people's feelings Never | Sometimes | Often

(I) Feel hopeless Never | Sometimes | Often

(A) Have trouble concentrating

Never | Sometimes | Often

(E) Fight with other children Never | Sometimes | Often

(I) Down on yourself Never | Sometimes | Often

(E) Blame others for your troubles Never | Sometimes | Often

(I) Seem to be having less fun Never | Sometimes | Often

(E) Do not listen to rules Never | Sometimes | Often

(A) Act as if driven by a motor

Never | Sometimes | Often

(E) Tease others

Never | Sometimes | Often

(I) Worry a lot

Never | Sometimes | Often

(E) Take things that do not belong to you

Never | Sometimes | Often

(A) Distract easily

Never | Sometimes | Often

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