Pediatric Symptom Checklist (PSC) - Youth (Administered to clients ages 11 to 18 only)¹

(Administe	red to c	lients	ages 1	1 to 1	8 only

CCBH CLIENT ID NUMBER DA	TE OF ASSESSMENT	- 1	ASSESSMENT TYP	E			
			Reassessment [2]				
CLIENT'S LAST NAME	CLIENT'S FIRST		Discharge [4]	N A I			
CLIENT DATE OF BIRTH	INICIAN / STAFF ID	UNIT	SUB	BUNIT			
Please mark under the heading that best fits you.							
		Never ₀	Sometimes 1	Often 2			
1. Complain of aches or pains		O	0	0			
2. Spend more time alone		0	0	0			
3. Tire easily, little energy		0	0	0			
4. Fidgety, unable to sit still		0	0	0			
5. Have trouble with teacher		0	0	0			
6. Less interested in school		0	0	0			
7. Act as if driven by motor		0	0	0			
8. Daydream too much		0	0	0			
9. Distract easily		0	0	0			
10. Are afraid of new situations		0	0	0			
11. Feel sad, unhappy		0	0	0			
12. Are irritable, angry		0	0	0			
13. Feel hopeless		0	0	0			
14. Have trouble concentrating		0	0	0			
15. Less interested in friends		0	0	0			
16. Fight with other children		0	0	0			
17. Absent from school		0	0	0			
18. School grades dropping		0	0	0			
19. Down on yourself		0	0	0			
20. Visit doctor with doctor finding nothing wrong	<u> </u>	0	0	0			

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	Never ₀	Sometimes 1	Often 2
21. Have trouble sleeping	0	0	0
22. Worry a lot	0	0	0
23. Want to be with parent more than before	0	0	0
24. Feel that you are bad	0	0	0
25. Take unnecessary risks	0	0	0
26. Get hurt frequently	0	0	0
27. Seem to be having less fun	0	0	0
28. Act younger than children your age	0	0	0
29. Do not listen to rules	0	0	0
30. Do not show feelings	0	0	0
31. Do not understand other people's feelings	0	0	0
32. Tease others	0	0	0
33. Blame others for your troubles	0	0	0
34. Take things that do not belong to you	0	0	0
35. Refuse to share	0	0	0