Confidential

# **Youth Pediatric Symptom Checklist - 17**

# Please indicate which symptom best describes you:

Fidgety, unable to sit still

NeverSometimesOften

### Please indicate which symptom best describes you:

Feel sad, unhappy

Never
Sometimes
Often

# Please indicate which symptom best describes you:

Daydream too much

Never
Sometimes
Often

### Please indicate which symptom best describes you:

Refuse to share

Never
Sometimes
Often

### Please indicate which symptom best describes you:

Do not understand other people's feelings

Ο	Never
$\bigcirc$	Sometimes
$\bigcirc$	Often

### Please indicate which symptom best describes you:

Feel hopeless

NeverSometimesOften



## Please indicate which symptom best describes you:

Have trouble concentrating

NeverSometimesOften

# Please indicate which symptom best describes you:

Fight with other children

Never
Sometimes
Often

# Please indicate which symptom best describes you:

Down on yourself

Never
Sometimes
Often

# Please indicate which symptom best describes you:

Blame others for your troubles

Never
Sometimes
Often

# Please indicate which symptom best describes you:

Seem to be having less fun

NeverSometimesOften

# Please indicate which symptom best describes you:

Do not listen to rules

NeverSometimesOften



# Please indicate which symptom best describes you:

Act as if driven by a motor

NeverSometimesOften

# Please indicate which symptom best describes you:

Tease others

NeverSometimesOften

# Please indicate which symptom best describes you:

Worry a lot

Never
Sometimes
Often

# Please indicate which symptom best describes you:

Take things that do not belong to you

Never
Sometimes
Often

# Please indicate which symptom best describes you:

Distract easily

NeverSometimesOften

