

Pediatric Symptom Checklist—Youth Report (Y-PSC)

Please mark under the heading that best fits you:

		Never	Sometimes	Often
1. Complain of aches or pains	1	_____	_____	_____
2. Spend more time alone	2	_____	_____	_____
3. Tire easily, little energy	3	_____	_____	_____
4. Fidgety, unable to sit still	4	_____	_____	_____
5. Have trouble with teacher	5	_____	_____	_____
6. Less interested in school	6	_____	_____	_____
7. Act as if driven by motor	7	_____	_____	_____
8. Daydream too much	8	_____	_____	_____
9. Distract easily	9	_____	_____	_____
10. Are afraid of new situations	10	_____	_____	_____
11. Feel sad, unhappy	11	_____	_____	_____
12. Are irritable, angry	12	_____	_____	_____
13. Feel hopeless	13	_____	_____	_____
14. Have trouble concentrating	14	_____	_____	_____
15. Less interested in friends	15	_____	_____	_____
16. Fight with other children	16	_____	_____	_____
17. Absent from school	17	_____	_____	_____
18. School grades dropping	18	_____	_____	_____
19. Down on yourself	19	_____	_____	_____
20. Visit doctor with doctor finding nothing wrong	20	_____	_____	_____
21. Have trouble sleeping	21	_____	_____	_____
22. Worry a lot	22	_____	_____	_____
23. Want to be with parent more than before	23	_____	_____	_____
24. Feel that you are bad	24	_____	_____	_____
25. Take unnecessary risks	25	_____	_____	_____
26. Get hurt frequently	26	_____	_____	_____
27. Seem to be having less fun	27	_____	_____	_____
28. Act younger than children your age	28	_____	_____	_____
29. Do not listen to rules	29	_____	_____	_____
30. Do not show feelings	30	_____	_____	_____
31. Do not understand other people's feelings	31	_____	_____	_____
32. Tease others	32	_____	_____	_____
33. Blame others for your troubles	33	_____	_____	_____
34. Take things that do not belong to you	34	_____	_____	_____
35. Refuse to share	35	_____	_____	_____

Eating Behaviors (Child complete if age 11 and up)

Please mark under the heading that best fits you:				
		Never (0)	Sometimes (1)	Often (2)
1. I eat when I'm not even hungry (bored, tired, etc).	1			
2. I eat when I'm feeling sad, angry, nervous, or other feelings that are uncomfortable to me.	2			
3. I feel out of control when I'm eating.	3			
4. I keep eating until I feel overly full and uncomfortable.	4			
5. I "sneak eat" (get food and eat it when no one else is looking <u>or</u> hide it so I can eat it later).	5			
6. I get rid of the food I've just eaten by vomiting it up, using "diet tea", taking laxatives, or exercising for a really long time.	6			
7. I start eating at dinner time and continue throughout the evening.	7			
8. I have trouble sleeping.	8			
9. I wake up in the middle of the night and start eating.	9			
10. I am not at all hungry in the morning and skip breakfast.	10			
11. I hate the way I look.	11			
12. I don't like my body and tend to think it's "my enemy."	12			
13. When I think about myself, I can't come up with anything good to say.	13			
14. I'm not good at anything (sports, hobbies, interests).	14			
15. My friends and family tell me things they like about me, but I don't believe them.	15			
16. I get teased or bullied at school about my weight.	16			
17. It's hard to stop thinking about the mean things people say when they tease me.	17			
18. I feel I don't have many friends since I'm overweight.	18			
19. My parent(s) say things that make me feel worse about my weight and eating.	19			
20. I cope with stressful things by eating.	20			

Total score: _____ out of possible 40