

Pediatric Symptom Checklist-17 (PSC-17)

Caregiver Completing this Form: Date:.....

Name of Child:.....

| | Please mark under the heading that best fits your child | | | For Office Use | | |
|---|---|-----------|-------|----------------|---|---|
| | NEVER | SOMETIMES | OFTEN | I | A | E |
| 1. Fidgety, unable to sit still | | | | | | |
| 2. Feels sad, unhappy | | | | | | |
| 3. Daydreams too much | | | | | | |
| 4. Refuses to share | | | | | | |
| 5. Does not understand other people's feelings | | | | | | |
| 6. Feels hopeless | | | | | | |
| 7. Has trouble concentrating | | | | | | |
| 8. Fights with other children | | | | | | |
| 9. Is down on him or herself | | | | | | |
| 10. Blames others for his or her troubles | | | | | | |
| 11. Seems to be having less fun | | | | | | |
| 12. Does not listen to rules | | | | | | |
| 13. Acts as if driven by a motor | | | | | | |
| 14. Teases others | | | | | | |
| 15. Worries a lot | | | | | | |
| 16. Takes things that do not belong to him or her | | | | | | |
| 17. Distracted easily | | | | | | |
| (scoring totals) | | | | | | |

Scoring:

- Fill in unshaded box on right with: "Never" = 0, "Sometimes" = 1, "Often" = 2
- Sum the columns.
 PSC17 Internalizing score is sum of column I
 PSC17 Attention score is sum of column A
 PSC17 Externalizing score is sum of column E
 PSC-17 Total Score is sum of I, A, and E columns

Suggested Screen Cutoff:

PSC-17 - I \geq 5
 PSC-17 - A \geq 7
 PSC-17 - E \geq 7
 Total Score \geq 15

Higher Scores can indicate an increased likelihood of a behavioral health disorder being present.

PSC-17 may be freely reproduced.
 Created by W Gardner and K Kelleher (1999), and based on PSC by M Jellinek et al. (1988)
 Formatted by R Hilt, inspired by Columbus Children's Research Institute formatting of PSC-17

Child ID#: _____

Child age _____

Caregiver: _____

Date: _____

Lista de Síntomas Pediátricos (Pediatric Symptom Checklist – PSC-17)

La salud física y emocional son importantes para cada niño. Los padres son los primeros que notan un problema de la conducta emocional o del aprendizaje de su hijo(a). Ud. puede ayudar a su hijo(a) a obtener el mejor cuidado de su doctor por medio de contestar estas preguntas. Favor de indicar cual frase describe a su hijo(a)

| | Indique cual síntoma mejor describe a su hijo/a | | | For Office Use | | |
|---|---|--------------------------|--------------------------|----------------|---|---|
| | Nunca | Algunas Veces | Frecuentemente | I | A | E |
| 1. Se siente triste, infeliz | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2. Se siente sin esperanzas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3. Se siente mal de sí mismo(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4. Se preocupa mucho | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 5. Parece divertirse menos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6. Es inquieto(a), incapaz de sentarse tranquilo(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 7. Sueña despierto demasiado | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8. Se distrae fácilmente | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 9. Tiene problemas para concentrarse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 10. Es muy activo(a), tiene mucha energía | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 11. Pelea con otros niños | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 12. No obedece las reglas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 13. No comprende los sentimientos de otros | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 14. Molesta o se burla de otros | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 15. Culpa a otros por sus problemas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 16. Se niega a compartir | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 17. Toma cosas que no le pertenecen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| TOTAL | | | | | | |

To Score:

Fill in the unshaded box on the right: “Never” = 0, “Sometimes” = 1, “Often” = 2.

Sum the columns.

PSC17-Internalizing score is the sum of column I.

PSC17-Attention is the sum of column A

PSC17-Externalizing is the sum of column E.

PSC-17 Total Score is the sum of PSC17-I + PSC17-A + PSC17-E.

Positive Scores:

PSC17-I ≥ 5

PSC17-A ≥ 7

PSC17-E ≥ 7

Total Score ≥ 15