

# Pediatric Symptom Checklist - 17 (PSC-17)

Caregiver name (who is completing this form): \_\_\_\_\_

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Chart # \_\_\_\_\_

	Place a checkmark under the heading that <u>BEST</u> fits your child			For office use only		
	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)				I	A	E

Scoring:  
 - Fill in unshaded box on right with:  
 "Never" = 0  
 "Sometimes" = 1  
 "Often" = 2  
 - Sum the columns

PCS-17 Internalizing score is sum of column I  
 PCS-17 Attention score is sum of column A  
 PCS-17 Externalizing score is sum of column E  
 PCS-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.*

Do you feel that your child has any emotional or behavioral problems \_\_\_\_\_ YES \_\_\_\_\_ NO  
 for which he or she needs help?

Do you or your child receive support services or other help for any of \_\_\_\_\_ YES \_\_\_\_\_ NO  
 the above difficulties?

What services: \_\_\_\_\_

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Nombre del cuidador (¿Quién está completando este formulario?): \_\_\_\_\_

Nombre del paciente: \_\_\_\_\_ Fecha de hoy: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_ Chart # \_\_\_\_\_

	Coloque una marca de verificación debajo del encabezado que MEJOR se adapte a su hijo			Solo para uso en oficina		
	Nunca	A veces	Frecuente	I	A	E
1. Es inquieto(a), incapaz de sentarse tranquilo(a)						
2. Se siente triste, infeliz						
3. Soñar despierto demasiado						
4. Se niega a compartir						
5. No entiende los sentimientos de otras personas						
6. Se siente sin esperanzas						
7. Tiene problemas para concentrarse						
8. Peleas con otros niños						
9. Se siente mal de sí mismo(a)						
10. Culpa a otros por sus problemas						
11. Parece divertirse menos						
12. No obedece las reglas						
13. Actúa como si fuera impulsado por un motor						
14. Molesta o se burla de otros						
15. Se preocupa mucho						
16. Toma cosas que no le pertenecen						
17. Se distrae fácilmente						
(scoring totals)				I	A	E

### Scoring:

- Fill in unshaded box on right with:
  - "Never" = 0
  - "Sometimes" = 1
  - "Often" = 2
- Sum the columns

PCS-17 Internalizing score is sum of column I  
 PCS-17 Attention score is sum of column A  
 PCS-17 Externalizing score is sum of column E  
 PCS-17 Total score is sum of I, A, and E columns

### Suggested Screen Cutoff:

- PCS-17 I  $\geq$  5
- PCS-17 A  $\geq$  7
- PCS-17 E  $\geq$  7
- Total score  $\geq$  15

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

¿Cree que su hijo tiene algún problema emocional o de comportamiento para el que necesita ayuda? \_\_\_\_\_ YES \_\_\_\_\_ NO

¿Usted o su hijo reciben servicios de apoyo u otro tipo de ayuda para alguna de las dificultades anteriores? \_\_\_\_\_ YES \_\_\_\_\_ NO

¿Qué servicios?: \_\_\_\_\_