

## PEDIATRIC SYMPTOM CHECKLIST (PSC-17)

Child's Name: \_\_\_\_\_ Completed by: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Today's Date: \_\_\_\_\_

	Please mark under the heading that best 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						
Totals:						
				Total Score:		

**Additional questions:**

Do you feel that your child has any emotional or behavioral problems for which he or she needs help? Yes                  No

Do you or your child receive support or other help for any of the above difficulties? Yes                  No

If yes, what services? \_\_\_\_\_

----- **FOR OFFICE USE ONLY** -----

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

**Suggested Screen Cutoff:**

- I ≥ 5
- A ≥ 7
- E ≥ 7
- Total Score ≥ 15

Created by W Gardner and K Kelleher (1999), and based on PSC by M Jellinek et al. (1988).  
Format adapted for ease of scoring.