

Child: _____

Child age _____

Caregiver: _____

Date: _____

PSC17 – Caregiver Completed (4-17 years)

INSTRUCTIONS: This form asks question about your child’s behaviors. These behaviors may be true for every child at sometime in his or her life. Please read each question carefully and check off the box for the response that you believe is most true for your child during the past **6 MONTHS.**

Does your child:	1 Never	2 Sometimes	3 Often
Fidget, is unable to sit still.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act as if driven by a motor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daydream too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distract easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have trouble concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fight with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel down on him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seem to be having less fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not listen to rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not understand other people’s feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tease others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blame others for his/her troubles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse to share.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take things that do not belong to him her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score: _____
Externalizing Score: _____
Internalizing Score: _____
Attention Score: _____

Pediatric Symptom Checklist Scoring:

Parent completed for children 4-17 years.

Measures overall problems, externalizing, internalizing and attention problems.

Total Score 15 = clinical (sum all 17 items; range: 0 - 34)

Internalizing 5 = clinical (sum 5, 6, 9, 10, 11; range: 0 - 10)

Attention 7 = clinical (sum 1, 2, 3, 4, 7; range: 0 - 10)

Externalizing 7 = clinical (sum 8, 12, 13, 14, 15, 16, 17; range: 0 - 14)