

# Pediatric Symptom Checklist-17 (PSC-17)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Please indicate how often each behavior applies to the child being assessed by selecting the appropriate option: "Not True," "Sometimes True," or "Often True."

<b>Internalizing Symptoms</b>	<b>Not True</b>	<b>Sometimes True</b>	<b>Often True</b>
Often seems unhappy, sad, or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worries a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains of feeling tired most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is down on themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems nervous or tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble sleeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SCORE:</b>			

<b>Internalizing Symptoms</b>	<b>Not True</b>	<b>Sometimes True</b>	<b>Often True</b>
Gets into many fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is disobedient at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts too young for his/her age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acts out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is inattentive, easily distracted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble listening to teachers, is not interested in learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases others, bullies, or is cruel to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to share with others or take turns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destroys things belonging to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes things that don't belong to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SCORE:</b>			

### Scoring

Not True: 0 points

Sometimes True: 1 point

Often True: 2 points

Total Score: \_\_\_\_\_

### Interpretation

Total Score 0-14: No significant concerns.

Total Score 15 or higher: Possible presence of behavioral or emotional problems requiring further assessment.

Subscale Interpretation (if applicable):

Internalizing Subscale Score 5 or higher: Possible internalizing problems like anxiety or depression.

Externalizing Subscale Score 7 or higher: Possible externalizing problems like aggression or rule-breaking.