

Pediatric Symptom Checklist (PSC-35) Scoring Sheet

Client information			
Child/Youth's Name:	Child/Youth's Date of Birth:	DMH ID#:	
Respondent's Name:	Respondent's Relationship to Child/Youth		
Assessment Date (mm/dd/yyyy):	Assessment Type:	Initial	Reassessment Discharge

Item No.	Attention subscale items	Never (0)	Sometimes (1)	Often (2)
4	Fidgety, unable to sit still			
7	Acts as if driven by a motor			
8	Daydreams too much			
9	Distracted easily			
14	Has trouble concentrating			

Attention subscale score: _____

Item No.	Anxiety/Depression subscale items	Never (0)	Sometimes (1)	Often (2)
11	Feels sad or unhappy			
13	Feels hopeless			
19	Is down on him or herself			
22	Worries a lot			
27	Seems to be having less fun			

Anxiety/Depression subscale score: _____

Item No.	Behavioral/Interpersonal subscale items	Never (0)	Sometimes (1)	Often (2)
16	Fights with other children			
29	Does not listen to rules			
31	Does not understand other people			
32	Teases others			
33	Blames others for his or her troubles			
34	Takes things that do not belong to him or her			
35	Refuses to share			

Behavioral/Interpersonal subscale score: _____

Summary	Cutoff score	Client score
Attention subscale score	7 or more	
Anxiety/Depression subscale score	5 or more	
Behavioral/Interpersonal subscale score	7 or more	
Total score*		

*Clinical cutoffs are determined by the age of the child.

- For children ages 3 to 5, scores of 24 and above are clinically significant.
- For children/adolescents aged 6 to 18, scores of 28 and above are clinically significant.