

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):		Assessm	ient Type:	Initial F	Reassessment	Discharge	
Items Nie	Attention subseels items		Never	(0)	\sim	Often (2)	
Item No.	Attention subscale items		Never	(0) S	ometimes (1)	Often (2)	
Item No. 4	Attention subscale items Fidgety, unable to sit still		Never	(0) S	ometimes (1)	Often (2)	
			Never	(0) S	ometimes (1)	Often (2)	
	Fidgety, unable to sit still		Never	(0) So	ometimes (1)	Often (2)	
4 7	Fidgety, unable to sit still Acts as if driven by a motor		Never	(0) Si	ometimes (1)	Often (2)	

Attention subscale score: _____

Item No.	Anxiety/Depression subscale items	Never (0)	Sometimes (1)	Often (2)
11	Feels sad, 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's feelings			
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: _____

No.	Other Items	0	1	2	No.	Other Items	0	1	2
1	Complains of aches/pains				18	School grades dropping			
2	Spends more time alone				20	Visits the doctor w/ doctor finding nothing wrong			
3	Tires easily, has little energy				21	Has trouble sleeping			
5	Has trouble with teacher				23	Wants to be with you more than before			
6	Less interested in school				24	Feels he or she is bad			
10	Is afraid of new situations				25	Takes unnecessary risks			
12	Is irritable, angry				26	Gets hurt frequently			
15	Less interested in friends				28	Acts younger than children his or her age			
17	Absent from school				30	Does not show feelings			

Other Items total 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	
Other Items total score	N/A	
Total Score*		

*Clinical cutoffs vary 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.