

Pediatric Symptom Checklist Scoring

Instructions for Scoring

The *Pediatric Symptom Checklist* (PSC) is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.

The PSC consists of 35 items that are rated as “Never,” “Sometimes,” or “Often” present. A value of **0** is assigned to “Never”, **1** to “Sometimes,” and **2** to “Often”. The total score is calculated by adding together the score for each of the 35 items. Items that are left blank are simply ignored (i.e., score equals 0). If four or more items are left blank, the questionnaire is considered invalid.

Do not count responses 5, 6, 17, and 18 for children 4 and 5 years of age, because these emphasize school issues that may not be relevant.

For children ages 4 and 5, the PSC score of 24 or higher suggests the presence of significant behavioral or emotional problems. For children ages 6 through 16, the cutoff score is 28 or higher.

To determine what kinds of mental health problems are present, determine the three factor scores on the PSC:

❑ **The PSC Attention Subscale consists of 5 items:**

- 4. Fidgety, unable to sit
- 7. Acts as if driven by a motor
- 8. Daydreams too much
- 9. Distracted easily
- 14. Has trouble concentrating

❑ **The PSC Internalizing Subscale consists of 5 items:**

- 11. Feels Sad
- 13. Feels Hopeless
- 19. Is down on self
- 22. Worries a lot
- 27. Seems to have less fun

❑ **The PSC Externalizing Subscale consists of 7 items:**

- 16. Fights with other children
- 29. Does not listen to rules
- 31. Does not understand others feelings
- 32. Teases others
- 33. Blames others for his troubles
- 34. Takes things that do not belong to him
- 35. Refuses to share

PSC Academic/ Developmental Screening:

If a child fails the whole test, also refer for academic/developmental assessment. Children with mental health problems almost invariably have academic problems, and children with developmental or academic problems are at high risk of mental health problems.

Parents whose children pass the PSC but endorse numerous items should benefit from in-office counseling. If this has been tried and not found to be successful, such families should be referred for services as parent training classes and behavior intervention programs.

Those with academic failures and difficulties (whose parents endorse items about poor school performance, absence from school, etc.), whether or not the PSC is passed should be referred for intellectual and educational testing.

Jellinek MS, Murphy JM, Little M, et al. 1999. Use of the Pediatric Symptom Checklist (PSC) to screen for psychosocial problems in pediatric primary care: A national feasibility study. *Archives of Pediatric and Adolescent Medicine* 153(3): 254– 260.

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Little M, Murphy JM, Jellinek MS, et al. 1994. Screening 4- and 5-year-old children for psychosocial dysfunction: A preliminary study with the Pediatric Symptom Checklist. *Journal of Developmental and Behavioral Pediatrics* 15:191–197.

Gardner, W. et al. The PSC-17: A brief pediatric symptom checklist psychosocial problem subscale: A Report from PROS and ASPN. *Ambulatory Child Health*. 1999: 5:225-236.