

# PEDIATRIC SYMPTOM CHECKLIST-17

	Please mark under the heading that best fits your child			For Office Use		
	NEVER	SOMETIMES	OFTEN	I	A	E
1. Fidgety, unable to sit still						
2. Feels sad, unhappy						
3. Daydreams too much						
4. Refuses to share						
5. Does not understand other people's feelings						
6. Feels hopeless						
7. Has trouble concentrating						
8. Fights with other children						
9. Is down on him or herself						
10. Blames others for his or her troubles						
11. Seems to be having less fun						
12. Does not listen to rules						
13. Acts as if driven by a motor						
14. Teases others						
15. Worries a lot						
16. Takes things that do not belong to him or her						
17. Distracted easily						
Total						

**Scoring:**

Fill in unshaded box on right with: "Never"=0, "Sometimes"=1, "Often"=2

Sum the columns.

PSC17 Internalizing score is sum of column I

PSC17 Attention score is sum of column A

PSC17 Externalizing score is sum of column E

PSC-17 Total Score is sum of I, A, and E columns

**Suggested Screen Cutoff:**

PSC17--I ≥ 5

PSC17--A ≥ 7

PSC17--E ≥ 7

Total Score ≥ 15

Higher scores can indicate an increased likelihood of a behavioral health disorder being present.

PSC-17 may be freely reproduced.

Created by W Gardner and K Kelleher (1999), and based on PSC by M Jellinek et al. (1988)  
Formatted by R Hilt, inspired by Columbus Children's Research Institute formatting of PSC-17

## PSC-17 scoring

The PSC-17 can help primary care providers assess the likelihood of finding any mental health disorder in their patient. The brief and easy to score PSC-17 has fairly good mental health screening characteristics, even when compared to much longer instruments like the CBCL (Child Behavior Checklist by T. Achenbach).

A 2007 study in primary care offices compared use of the PSC-17 to simultaneous use of the CBCL in 269 children aged 8-15, showing reasonably good performance of its three subscales compared to similar subscales on the CBCL. The gold standard here was a K-SADS diagnosis, which is a standardized psychiatric interview diagnosis. These comparison statistics are summarized below, with positive and negative predictive values shown based on different presumed prevalence (5 or 15%) of the disorders. Providers should notice that despite its good performance relative to longer such measures, it is not a foolproof diagnostic aide. For instance the sensitivity for this scale only ranges from 31% to 73% depending on the disorder in this study:

<b>K-SADS Diagnosis</b>	<b>Screen</b>	<b>Sensitivity</b>	<b>Specificity</b>	<b>PPV 5%</b>	<b>PPV 15%</b>	<b>NPV 5%</b>	<b>NPV 15%</b>
ADHD	PSC-17 Attention	0.58	0.91	0.25	0.53	0.98	0.92
	CBCL Attention	0.68	0.90	0.26	0.55	0.98	0.94
Anxiety	PSC-17 Internalizing	0.52	0.74	0.10	0.26	0.97	0.90
	CBCL Internalizing	0.42	0.88	0.16	0.38	0.97	0.90
Depression	PSC-17 Internalizing	0.73	0.74	0.13	0.33	0.98	0.94
	CBCL Internalizing	0.58	0.87	0.19	0.44	0.98	0.92
Externalizing	PSC-17 Externalizing	0.62	0.89	0.23	0.50	0.98	0.93
	CBCL Externalizing	0.46	0.95	0.33	0.62	0.97	0.91
Any Diagnosis	PSC-17 Total	0.42	0.86	0.14	0.35	0.97	0.89
	CBCL Total	0.31	0.96	0.29	0.58	0.96	0.89

W Gardner, A Lucas, DJ Kolko, JV Campo "Comparison of the PSC-17 and Alternative Mental Health Screens in an At-Risk Primary Care Sample" JAACAP 46:5, May 2007, 611-618

PSC-17 Internalizing score positive if  $\geq 5$   
PSC-17 Externalizing score positive if  $\geq 7$   
PSC-17 Attention score positive if  $\geq 7$   
PSC-17 Total score positive if  $\geq 15$

“Attention” diagnoses can include: ADHD, ADD

“Internalizing” diagnoses can include: Any anxiety or mood disorder

“Externalizing” diagnoses can include: Conduct disorder, Oppositional Defiant Disorder, adjustment disorder with disturbed conduct or mixed disturbed mood and conduct.