

Name of Child: _____

Child age _____

Caregiver Completing this Form: _____

Date: _____

PSC-17- Caregiver Completed (4-17 years)

INSTRUCTIONS: This form asks questions about your child’s behaviors. These behaviors may be true for every child at some time in his or her life. Please read each question carefully and check off the box for the response that you believe is most true for your child during the past **6 MONTHS**.

Does your child:	Please mark under the heading that best fits your child			For Office Use		
	NEVER	SOMETIMES	OFTEN	I	A	E
1. Feel sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Feel hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Feel down on him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Seem to be having less fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Daydream too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Distract easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have trouble concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. Acts as if driven by a motor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11. Fight with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12. Not listen to rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13. Not understand other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14. Tease others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15. Blame others for his/her troubles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16. Refuse to share.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17. Take things that do not belong to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TOTAL :						

Scoring:

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

Positive Scores:

- PSC-17 - I ≥ 5
- PSC-17 - A ≥ 7
- PSC-17 - E ≥ 7
- Total Score ≥ 15

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