

Pediatric Symptom Checklist 17 Scoring

Instructions for Scoring

The *Pediatric Symptom Checklist-17* (PSC-17) 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-17 consists of 17 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 17 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.

A PSC-17 score of 15 or higher suggests the presence of significant behavioral or emotional problems.

To determine what kinds of mental health problems are present, determine the 3 factor scores on the PSC:

■ **The PSC-17 Internalizing Subscale (Cutoff 5 or more items):**

- Feels sad, unhappy
- Feels hopeless
- Is down on self
- Seems to be having less fun
- Worries a lot

◆ **The PSC-17 Attention Subscale (Cutoff 7 or more items):**

- Fidgety, unable to sit still
- Daydreams too much
- Has trouble concentrating
- Acts as if driven by a motor
- Distracted easily

● **The PSC-17 Externalizing Subscale (Cutoff 7 or more items):**

- Refuses to share
- Does not understand other people's feelings
- Fights with other children
- Blames others for his/her troubles
- Does not listen to rules
- Teases others
- Takes things that do not belong to him/her

YOUTH PEDIATRIC SYMPTOM CHECKLIST-17 (Y PSC-17)

Name: _____ Record #: _____

Date of Birth: _____ Today's Date: _____

Please mark under the heading that best fits you:		NEVER	SOMETIMES	OFTEN
◆	Fidgety, unable to sit still	0	1	2
*	Feel sad, unhappy	0	1	2
◆	Daydream too much	0	1	2
□	Refuse to share	0	1	2
□	Do not understand other people's feelings	0	1	2
*	Feel hopeless	0	1	2
◆	Have trouble concentrating	0	1	2
□	Fight with other children	0	1	2
*	Down on yourself	0	1	2
□	Blame others for your troubles	0	1	2
*	Seem to be having less fun	0	1	2
□	Do not listen to rules	0	1	2
◆	Act as if driven by a motor	0	1	2
□	Tease others	0	1	2
*	Worry a lot	0	1	2
□	Take things that do not belong to you	0	1	2
◆	Distract easily	0	1	2

OFFICE USE ONLY

Total ◆ _____ Total □ _____ Total * _____ Grand Total ◆+□+* _____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: _____

<p>10. If you checked off <i>any problems</i>, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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