

Pediatric Symptom Checklist (PSC-35) Scoring Instructions

Name: _____ MRN: _____ Date: ____/____/____

Response option scores: **Never = 0** **Sometimes = 1** **Often = 2**

_____ Attention (Sum of items 4, 7, 8, 9, & 14)

_____ Internalizing (Sum of items 11, 13, 19, 22, & 27)

_____ Externalizing (Sum of items 16, 29, 31, 32, 33, 34, & 35)

_____ Total Score (Sum of all items)