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)