

## Mental Health Programs

## Paediatric Symptom Checklist - 17 (PSC -17)

Childs name	
Child's date of birth	
Form completed by	
Relationship to child	
Date completed	

## Checklist

Use checklist to identify and assess changes in emotional and behavioural problems in children. Add up the total of each column. Scoring *Never*, *Sometimes* and *Often* as scored *0*, *1* or *2* respectively. A score of 15 or more suggests a need for assessment by a mental health professional.

Contact **SWSPHN Central Intake** for referral options.

Phone 1300 797 746 (1300 SWSPHN). Submit referrals to **HealthLink**: swsphnmh or **fax**: 02 4623 1796.

Feeling		Never 0	Sometimes 1	Often 2
Feels sad, unhappy				
Feels hopeless				
Is down on self				
Worries a lot				
Seem to be having less fun				
Fidgety, unable to sit still				
Daydreams too much				
Distracted easily				
Has trouble concentrating				
Acts as if driven by a motor				
Fights with other children				
Does not listen to rules				
Does not understand other people's feelings				
Teases others				
Blames others for his/her troubles				
Refuses to share				
Takes things that do not belong to him/her				
9	Sub-total			
	TOTAL			

