

What is the PSC-35?

- It stands for Pediatric Symptom Checklist 35.
- The PSC-35 is a brief, valid and reliable 35-item screening tool used to assess a range of emotional, behavioral and attentional risks in children.
- It is currently required by the Department of Health Care Services for use in the Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) across the State of California.
- Administration, on average, takes 5-10 minutes.
- Generally, a parent is considered to be the most reliable respondent. The questionnaire could also be completed by another knowledgeable adult family member, caregiver or social worker. As a final option, the questionnaire could be completed by psychologically mature client or adolescent.
- Children/adolescents with clinically significant scores should be referred to a mental health professional for further assessment



PSC-35 Quick Guide

Pediatric Symptom Checklist

Administration:

How to administer: There is great flexibility in collecting the PSC-35. The measure could be completed by the parent/caregiver prior to a visit, while in the lobby just prior to a session or even during a session. According to the developers, what is important is that the same individual complete the pretest as well as the posttest to be sure that the results are comparable.

The respondent is asked to indicate which statement best describes their child. Responses can range from never and sometimes too often.

Scoring and Interpretation:

Individual Item Scores		
Never	Sometimes	Often
0	1	2

Total Score: is determined by adding the value of the 35 items. “Never” has a value of (0), “Sometimes” has a value of (1), and “Often” has a value of (2).

Cutoffs: Clinical cutoffs vary by the age of the child. For children ages 3 to 5, scores of 24 and above are clinically significant. For children/adolescents aged 6 to 18, scores of 28 and above are clinically significant.

Special instruction for children NOT in school: Children not in school (defined as not yet in Kindergarten), do not need to complete items 5, 6, 17 & 18. These items should be scored 0.

Discontinuation rules: If four or more items are left blank, the questionnaire cannot be scored. If one to three items are left blank, each missed item should be scored as 0 and then all items added as if the questionnaire was complete to determine a total score. NOTE: The 4 or more item discontinuation rule does not include the four items that young children are allowed to miss.

Subscale Analysis: The PSC-35 contains three subscales that can add nuance to the over-all results. The Attention subscale is derived from adding items, 4, 7, 8, 9, and 14. The Anxiety and Depression subscale is derived from adding items 11, 13, 19, 22 and 27. The Behavioral/Interpersonal subscale is derived by adding items, 16, 29, 31, 32, 33, 34 and 35. Cutpoints for each of these subscales is 7 or more, 5 or more and 7 or more respectively.

Working with the Family: A clinical orientation is essential in utilizing the PSC-35. The developer suggests exploring items rated “often” with parents/caregivers to assess their understanding of what the findings may mean and whether they are interested in getting help for their child.