

PACIENTE/PATIENT: _____ Fecha de Nacimiento/DOB: _____

COMPLETADO POR/FILLED OUT BY: _____ FECHA/DATE: _____

Lista de Síntomas Pediátricos (Pediatric Symptom Checklist – PSC 17)

La salud física y emocional son importantes para cada niño. Los padres son los primeros que notan un problema de la conducta emocional o del aprendizaje de su hijo(a). Ud. puede ayudar a su hijo(a) a obtener el mejor cuidado de su doctor por medio de contestar estas preguntas. Favor de indicar cual frase describe a su hijo(a).

Indique cual síntoma mejor describe a su hijo/a:	Nunca	Algunas Veces	Frecuentemente
◆ Es inquieto(a) , incapaz de sentarse tranquilo(a)	0	1	2
■ Se siente triste, infeliz	0	1	2
◆ Sueña despierto demasiado	0	1	2
● Se niega a compartir	0	1	2
● No comprende los sentimientos de otros	0	1	2
■ Se siente sin esperanzas	0	1	2
◆ Tiene problemas para concentrarse	0	1	2
● Pelea con otros niños	0	1	2
■ Se siente mal de sí mismo(a)	0	1	2
● Culpa a otros por sus problemas	0	1	2
■ Parece divertirse menos	0	1	2
● No obedece las reglas	0	1	2
◆ Es muy activo(a), tiene mucha energía	0	1	2
● Molesta o se burla de otros	0	1	2
■ Se preocupa mucho	0	1	2
● Toma cosas que no le pertenecen	0	1	2
◆ Se distrae fácilmente	0	1	2

SOLO PARA USO DE OFICINA

Total ◆ _____ Total ● _____ Total ■ _____ ◆ + ● + ■ _____

Pediatric Symptom Checklist

PSC-17 Description

The PSC-17 is a general mental health screening tool designed to be simple to use in primary care practices, based a longer form instrument known as the PSC-35. It can help primary care providers assess the likelihood of finding any mental health disorder in their patient. The brief and easy to score PSC-17 has fairly good mental health screening characteristics, even when compared with much longer instruments like the CBCL (Child Behavior Checklist by T. Achenbach).

A 2007 study in primary care offices compared use of the PSC-17 to simultaneous use of the CBCL in 269 children aged 8-15, showing reasonably good performance of its three subscales compared to similar subscales on the CBCL. The gold standard here was a K-SADS diagnosis, which is a standardized psychiatric interview diagnosis. These comparison statistics are summarized below, with positive and negative predictive values shown based on different presumed prevalence (5 or 15%) of the disorders. Providers should notice that despite its good performance relative to longer such measures, it is not a foolproof diagnostic aid. For instance the sensitivity for this scale only ranges from 31% to 73% depending on the disorder in this study:

K-SADS Diagnosis	Screen	Sensitivity	Specificity	PPV 5%	PPV 15%	NPV 5%	NPV 15%
ADHD	PSC-17 Attention	0.58	0.91	0.25	0.53	0.98	0.92
	CBCL Attention	0.68	0.90	0.26	0.55	0.98	0.94
Anxiety	PSC-17 Internalizing	0.52	0.74	0.10	0.26	0.97	0.90
	CBCL Internalizing	0.42	0.88	0.13	0.38	0.97	0.90
Depression	PSC-17 Internalizing	0.73	0.74	0.13	0.33	0.98	0.94
	CBCL Internalizing	0.58	0.87	0.19	0.44	0.98	0.92
Externalizing	PSC-17 Externalizing	0.62	0.89	0.23	0.50	0.98	0.93
	CBCL Externalizing	0.46	0.95	0.33	0.62	0.97	0.91
Any Diagnosis	PSC-17 Total	0.42	0.86	0.14	0.35	0.97	0.89
	CBCL Total	0.31	0.96	0.29	0.58	0.96	0.89

W Gardner, A Lucas, DJ Kolko, JV Campo "Comparison of the PSC-17 and Alternative Mental Health Screens in an At-Risk Primary Care Sample" JAACAP 46:5, May 2007, 611-618

PSC-17 Scoring:

PSC-17 Internalizing score positive if ≥ 5

PSC-17 Externalizing score positive if ≥ 7

PSC-17 Attention score positive if ≥ 7

PSC-17 Total score positive if ≥ 15

"Attention" diagnoses can include: ADHD, ADD

"Internalizing" diagnoses can include: Any anxiety or mood disorder

"Externalizing" diagnoses can include: Conduct disorder, Oppositional Defiant Disorder, adjustment disorder with disturbed conduct or mixed disturbed mood and conduct