A Survey From Your Healthcare Provider — PSC-Y

DI.	Date		ID	
	ase mark under the heading that best fits you or circle Yes or No	Never O	Sometimes 1	Often 2
-	Complain of aches or pains Spand many time plans			
-	2. Spend more time alone			
-	3. Tire easily, little energy			The The Land State of the Land
	4. Fidgety, unable to sit still			
+	5. Have trouble with teacher			
-	6. Less interested in school			Access to Sell of Section 1990
,	7. Act as if driven by motor	_		
0	8. Daydream too much			
	9. Distract easily			
	10. Are afraid of new situations			
1	11. Feel sad, unhappy			
	12. Are irritable, angry			
1	13. Feel hopeless			
	14. Have trouble concentrating			
	15. Less interested in friends			
	16. Fight with other children			
× I	17. Absent from school			
	18. School grades dropping			
1	19. Down on yourself			
	20. Visit doctor with doctor finding nothing wrong			
	21. Have trouble sleeping			
1	22. Worry a lot			
	23. Want to be with parent more than before			
	24. Feel that you are bad			
	25. Take unnecessary risks			
	26. Get hurt frequently			
1	27. Seem to be having less fun			
	28. Act younger than children your age			
I	29. Do not listen to rules			
	30. Do not show feelings			
	31. Do not understand other people's feelings			
I	32. Tease others			
ı	33. Blame others for your troubles			
ı	34. Take things that do not belong to you			
1	35. Refuse to share			
>	36. During the past three months, have you thought of killing yourself?		Yes	No
	37. Have you ever tried to kill yourself?	Yes	No	

Administering, Scoring and Interpreting the PHQ-9 Screening Questionnaire

Administering

- The youth self-report version of the Pediatric Symptom Checklist (PSC-Y) can be used with patients between the ages of 11 and 18 and takes less than five minutes to complete and score.
- The PSC-Y can be administered and scored by a nurse, medical technician, physical assistant, physician or other office staff.
- Patients should be left alone to complete the PSC-Y in a private area, such as an exam room or private area of the waiting room.
- Patients should be informed of their confidentiality rights before the PSC-Y is administered.
- It is recommended that parents are informed that a mental health checkup will be administered as part of the exam.
- The American Academy of Pediatrics and U.S. Preventive Service Task Force recommend that depression screening be conducted annually.

Scoring

Each item on the PSC-Y is scored as follows:

Never =0 Sometimes=1 Often=2

To calculate the score, add all of the item scores together:

Total Score=_____(range 0-70)

If items are left blank, they are scored as 0.

If four or more items are left blank, the questionnaire is considered invalid.

Note if either suicide question has been endorsed (Questions 36 and 37).

Score is positive if: Total Score >/=30

OR

Recent suicidal ideation is reported (Q36)

OR

Past suicide attempt is reported (Q37)

Interpreting the Screening Results

- Patients that score positively on their PSC-Y should be evaluated by their primary care provider (PCP) to determine if the symptoms endorsed on the questionnaire are significant, causing impairment and warrant a referral to a mental health specialist or follow-up treatment by the PCP.
- For patients who score negatively on the PSC-Y, it is recommended that the PCP briefly review the symptoms marked as "sometimes" and "often" with the patient.
- The questionnaire indicates only the likelihood that a youth is at risk for a significant mental health problem or suicide; its results
 are not a diagnosis or a substitute for a clinical evaluation

The symbols on the questionnaire and below represent the different problem areas that are covered on the PSC-Y and lists out the items that correspond with problem areas. Though this does not affect the overall score, the purpose of this breakdown is to help guide the discussion with and evaluation of patients after screening and allows the PCP to focus on the main problem areas identified by the PSC-Y.

Individual Problem Areas (Fo Internalizing	Attention	Externalizing	Suicidality
Problems (i.e.	Problems	Problems (e.g.	(if either question
Depression or Anxiety)	(i.e. ADHD)	Conduct Disorder, Oppositional Defiant Disorder	is endorsed, further assess for suicidal thinking and behavior and depression)
 Feel sad, unhappy Worry a lot Feel hopeless Seem to be having less fun Down on yourself 	 Fidgety, unable to sit still Distract easily Act as if driven by motor Daydream too much Have trouble concentrating 	 Fight with other children Tease others Do not listen to rules Do not understand other people's feelings Blame others for your troubles Take things that do not belong to you 	Recent suicide ideation Prior suicide attempt
	Non-Cate	gorizing Items	
 Complain of aches or pains Spend more time alone Tire easily, little energy Do not show feelings Have trouble with teacher 	Less interested at school Are afraid of new situations Are irritable, angry Less interested in friends Absent from school	School grades dropping Visit doctor with doctor finding nothing wrong Have trouble sleeping Feel that you are bad	 Want to be with parent more than before Take unnecessary risks Get hurt frequently Act younger than children your age