

Child: _____
Caregiver: _____

Child age _____
Date: _____

PSC17-(Behavior Problems) Caregiver Completed (4-17 years)

INSTRUCTIONS: This form asks questions about your child's behaviors. These behaviors may be true for every child at sometime in his or her life. Please read each question carefully and mark the answer that you believe is most true for your child during the past 2 weeks.

Does your child:	0 Never	1 Sometimes	2 Often
Fight with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tease others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blame others for his/her troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take things that do not belong to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score _____

Pediatric Symptom Checklist -- Measures externalizing problems.
Parent completed for children 4-17 years.

Externalizing 7 = clinical (sum 8, 12, 13, 14, 15, 16, 17; range: 0 - 14)