

**Date:** December 1, 2017

**CYF Memo:** # 05-17/18

**To:** CYF System of Care Providers

**From:** Yael Koenig, CYF Deputy Director

**Re:** **CANS Outcome Tool Trainings**

As outlined in CYF Memo #01-17/18, new State identified outcome tools will be implemented for CYF mental health treatment programs replacing our current tools (CFARS, CAMS and ECBI), projected for 7/1/18.

This tentative training outline is being offered for planning purposes. It is projected that all staff administering the CANS tool will need to be trained in the 4<sup>th</sup> quarter of FY17/18 (April 1-June 30, 2018).

The tentative training plan includes:

- A. A **one day in-person** training for **managers and supervisors** (two separate training dates are projected for March or April of 2018).
- B. **Managers and supervisors** will also be offered a follow up one day **train-the-trainer in-person training** (two separate training dates are projected in March or April of 2018).
- C. All **clinicians** administering the measure will need to complete a **5 hour (approximately) online training** to pass a certification test prior to July 1, 2018 (projected to become available in March/April 2018). Annual re-certification is required.
- D. CASRC will offer **support staff** training on entering data in the new database being developed.
- E. **Monthly CANS TA Group:** CYF will be looking for supervisors/managers who attend the train-the-trainer to facilitate this group (projected to start in FY 18/19).

As reports are designed, we will be evaluating the need for training and communication pertaining to the reports that will be generated; how to interpret the data of the CANS, as well as, PSC-35.

If you have questions, inputs, or concerns, please contact your Contracting Officer Representative (COR).

- Attachments: CANS and PSC-35

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

**STANDARD CANS COMPREHENSIVE**

Child's Name:		DOB:	Gender:	Race/Ethnicity:					
Caregiver(s):		Form Status:	Initial	Subsequent	Annual	Discharge			
		Case Name:							
		Case Number:							
Assessor:		Date of Assessment:		m	m	d	d	y	y

LIFE DOMAIN FUNCTIONING				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental/Intellectual <sup>1</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision-Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STRENGTHS DOMAIN				
0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
Family Strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CULTURAL FACTORS				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditions and Rituals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER RESOURCES AND NEEDS				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Psychosis (Thought Disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma <sup>2</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use <sup>3</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RISK BEHAVIORS				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others <sup>4</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression <sup>5</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway <sup>6</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior <sup>7</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting <sup>9</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**INDIVIDUAL ASSESSMENT MODULES**  
(rate if indicated on prior sheets)

- <sup>1</sup>Developmental Disabilities Module
- <sup>2</sup>Trauma Module
- <sup>3</sup>Substance Use Module
- <sup>4</sup>Violence Module
- <sup>5</sup> Sexually Aggressive Behaviors Module
- <sup>6</sup>Runaway Module
- <sup>7</sup>Juvenile Justice Module
- <sup>8</sup>Decision Making Module
- <sup>9</sup>Fire Setting Module

**DEVELOPMENTAL DISABILITIES MODULE**

0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TRAUMA MODULE**

No=no evidence of Trauma	Yes=Evidence of Trauma			
	<b>No</b>	<b>Yes</b>		
Sexual Abuse	<input type="radio"/>	<input type="radio"/>		
Physical Abuse	<input type="radio"/>	<input type="radio"/>		
Neglect	<input type="radio"/>	<input type="radio"/>		
Emotional Abuse	<input type="radio"/>	<input type="radio"/>		
Medical Trauma	<input type="radio"/>	<input type="radio"/>		
Natural or Manmade Disaster	<input type="radio"/>	<input type="radio"/>		
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>		
Witness to Community/School Violence	<input type="radio"/>	<input type="radio"/>		
Victim/Witness to Criminal Activity	<input type="radio"/>	<input type="radio"/>		
War/Terrorism Affected	<input type="radio"/>	<input type="radio"/>		
Disruptions in Caregiving/Attachment Losses	<input type="radio"/>	<input type="radio"/>		
Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>		
If the youth has been sexually abused:				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Stress Symptoms:				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Emotional/Physical Dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions/Re-Experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperarousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Grief/Separation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SUBSTANCE USE MODULE**

0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**VIOLENCE MODULE**

0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Historical risk factors:				
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/Behavioral Risks:				
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Gains from Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency Factors:				
Aware of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>SEXUALLY AGGRESSIVE BEHAVIORS MODULE</b>				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexual Abusive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>RUNAWAY MODULE</b>				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Illegal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>9 - JUVENILE JUSTICE MODULE</b>				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>FIRE SETTING MODULE</b>				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse				
Likelihood of Future Fire Setting				

## Pediatric Symptom Checklist

### INSTRUCTIONS FOR SCORING

The Pediatric Symptom Checklist is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. Included here are two versions, the parent-completed version (PSC) and the youth self-report (Y-PSC). The Y-PSC can be administered to adolescents ages 11 and up.

The PSC consists of 35 items that are rated as “Never,” “Sometimes,” or “Often” present and scored 0, 1, and 2, respectively. The total score is calculated by adding together the score for each of the 35 items. For children and adolescents ages 6 through 16, a cutoff score of 28 or higher indicates psychological impairment. For children ages 4 and 5, the PSC cutoff score is 24 or higher (Little et al., 1994; Pagano et al., 1996). The cutoff score for the Y-PSC is 30 or higher. Items that are left blank are simply ignored (i.e., score equals 0). If four or more items are left blank, the questionnaire is considered invalid.

### HOW TO INTERPRET THE PSC OR Y-PSC

A positive score on the PSC or Y-PSC suggests the need for further evaluation by a qualified health (e.g., M.D., R.N.) or mental health (e.g., Ph.D., L.I.C.S.W.) professional. Both false positives and false negatives occur, and only an experienced health professional should interpret a positive PSC or Y-PSC score as anything other than a suggestion that further evaluation may be helpful. Data from past studies using the PSC and Y-PSC indicate that two out of three children and adolescents who screen positive on the PSC or Y-PSC will be correctly identified as having moderate to serious impairment in psychosocial functioning. The one child or adolescent “incorrectly” identified usually has at least mild impairment, although a small percentage of children and adolescents turn out to have very little or no impairment (e.g., an adequately functioning child or adolescent of an overly anxious parent). Data on PSC and Y-PSC negative screens indicate 95 percent accuracy, which, although statistically adequate, still means that 1 out of 20 children and adolescents rated as functioning adequately may actually be impaired. The inevitability of both false-positive and false-negative screens underscores the importance of experienced clinical judgment in interpreting PSC scores. Therefore, it is especially important for parents or other laypeople who administer the form to consult with a licensed professional if their child receives a PSC or Y-PSC positive score.

For more information, visit the Web site: <http://psc.partners.org>.

### REFERENCES

- Jellinek MS, Murphy JM, Little M, et al. 1999. Use of the Pediatric Symptom Checklist (PSC) to screen for psychosocial problems in pediatric primary care: A national feasibility study. *Archives of Pediatric and Adolescent Medicine* 153(3):254–260.
- Jellinek MS, Murphy JM, Robinson J, et al. 1988. Pediatric Symptom Checklist: Screening school-age children for psychosocial dysfunction. *Journal of Pediatrics* 112(2):201–209. Web site: <http://psc.partners.org>.
- Little M, Murphy JM, Jellinek MS, et al. 1994. Screening 4- and 5-year-old children for psychosocial dysfunction: A preliminary study with the Pediatric Symptom Checklist. *Journal of Developmental and Behavioral Pediatrics* 15:191–197.
- Pagano M, Murphy JM, Pedersen M, et al. 1996. Screening for psychosocial problems in 4–5 year olds during routine EPSDT examinations: Validity and reliability in a Mexican-American sample. *Clinical Pediatrics* 35(3):139–146.

## Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

		Never	Sometimes	Often
1. Complains of aches and pains	1	_____	_____	_____
2. Spends more time alone	2	_____	_____	_____
3. Tires easily, has little energy	3	_____	_____	_____
4. Fidgety, unable to sit still	4	_____	_____	_____
5. Has trouble with teacher	5	_____	_____	_____
6. Less interested in school	6	_____	_____	_____
7. Acts as if driven by a motor	7	_____	_____	_____
8. Daydreams too much	8	_____	_____	_____
9. Distracted easily	9	_____	_____	_____
10. Is afraid of new situations	10	_____	_____	_____
11. Feels sad, unhappy	11	_____	_____	_____
12. Is irritable, angry	12	_____	_____	_____
13. Feels hopeless	13	_____	_____	_____
14. Has trouble concentrating	14	_____	_____	_____
15. Less interested in friends	15	_____	_____	_____
16. Fights with other children	16	_____	_____	_____
17. Absent from school	17	_____	_____	_____
18. School grades dropping	18	_____	_____	_____
19. Is down on him or herself	19	_____	_____	_____
20. Visits the doctor with doctor finding nothing wrong	20	_____	_____	_____
21. Has trouble sleeping	21	_____	_____	_____
22. Worries a lot	22	_____	_____	_____
23. Wants to be with you more than before	23	_____	_____	_____
24. Feels he or she is bad	24	_____	_____	_____
25. Takes unnecessary risks	25	_____	_____	_____
26. Gets hurt frequently	26	_____	_____	_____
27. Seems to be having less fun	27	_____	_____	_____
28. Acts younger than children his or her age	28	_____	_____	_____
29. Does not listen to rules	29	_____	_____	_____
30. Does not show feelings	30	_____	_____	_____
31. Does not understand other people's feelings	31	_____	_____	_____
32. Teases others	32	_____	_____	_____
33. Blames others for his or her troubles	33	_____	_____	_____
34. Takes things that do not belong to him or her	34	_____	_____	_____
35. Refuses to share	35	_____	_____	_____

Total score \_\_\_\_\_

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N ( ) Y

Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services? \_\_\_\_\_

# Pediatric Symptom Checklist—Youth Report (Y-PSC)

Please mark under the heading that best fits you:

		Never	Sometimes	Often
1. Complain of aches or pains	1	_____	_____	_____
2. Spend more time alone	2	_____	_____	_____
3. Tire easily, little energy	3	_____	_____	_____
4. Fidgety, unable to sit still	4	_____	_____	_____
5. Have trouble with teacher	5	_____	_____	_____
6. Less interested in school	6	_____	_____	_____
7. Act as if driven by motor	7	_____	_____	_____
8. Daydream too much	8	_____	_____	_____
9. Distract easily	9	_____	_____	_____
10. Are afraid of new situations	10	_____	_____	_____
11. Feel sad, unhappy	11	_____	_____	_____
12. Are irritable, angry	12	_____	_____	_____
13. Feel hopeless	13	_____	_____	_____
14. Have trouble concentrating	14	_____	_____	_____
15. Less interested in friends	15	_____	_____	_____
16. Fight with other children	16	_____	_____	_____
17. Absent from school	17	_____	_____	_____
18. School grades dropping	18	_____	_____	_____
19. Down on yourself	19	_____	_____	_____
20. Visit doctor with doctor finding nothing wrong	20	_____	_____	_____
21. Have trouble sleeping	21	_____	_____	_____
22. Worry a lot	22	_____	_____	_____
23. Want to be with parent more than before	23	_____	_____	_____
24. Feel that you are bad	24	_____	_____	_____
25. Take unnecessary risks	25	_____	_____	_____
26. Get hurt frequently	26	_____	_____	_____
27. Seem to be having less fun	27	_____	_____	_____
28. Act younger than children your age	28	_____	_____	_____
29. Do not listen to rules	29	_____	_____	_____
30. Do not show feelings	30	_____	_____	_____
31. Do not understand other people's feelings	31	_____	_____	_____
32. Tease others	32	_____	_____	_____
33. Blame others for your troubles	33	_____	_____	_____
34. Take things that do not belong to you	34	_____	_____	_____
35. Refuse to share	35	_____	_____	_____