

Pediatric Symptoms Checklist - Y (PSC-Y)



Name: John Sample
ID Number: 00
Date Tested: 7/19/2010 10:49:48 AM

Gender: Male
Age: 15
Reviewed by: _____

	7/19/2010 10:49:48 AM	6/30/2010 8:16:49 AM	6/29/2010 2:28:46 PM	6/29/2010 2:26:53 PM	6/29/2010 2:23:01 PM	6/29/2010 2:22:39 PM	6/29/2010 2:22:04 PM	6/29/2010 2:21:41 PM	6/29/2010 2:19:56 PM	6/29/2010 2:01:04 PM
Overall Result	Positive	(-)	(-)	Positive	--	--	--	--	--	--
Internalizing	(-)	(-)	(-)	Positive	--	--	--	--	--	--
Attention Problems	(-)	(-)	(-)	(-)	--	--	--	--	--	--
Externalizing	(-)	(-)	(-)	Positive	--	--	--	--	--	--
Suicidality	Positive	(-)	(-)	Positive	--	--	--	--	--	--

Positive Screen Identified

Overall Score (most recent administration): 30

Responses (most recent administration)

Suicidality (Score: 1) (Result: Positive)

During the past three months, have you thought of killing yourself? **Yes**
 Have you ever tried to kill yourself? No

Internalizing Problems (Score: 4) (Result: Negative)

Feel sad, unhappy *Sometimes*
 Feel hopeless *Sometimes*
 Down on yourself *Sometimes*
 Worry a lot *Sometimes*
 Seem to be having less fun Never

Attention Problems (Score: 5) (Result: Negative)

Fidgety, unable to sit still *Sometimes*
 Act as if driven by motor *Sometimes*
 Daydream too much *Sometimes*
 Distract easily *Sometimes*
 Have trouble concentrating *Sometimes*

Externalizing Problems (Score: 6) (Result: Negative)

Fight with other children *Sometimes*
 Do not listen to rules Never
 Do not understand other people's feelings *Sometimes*
 Tease others *Sometimes*
 Blame others for your troubles *Sometimes*
 Take things that do not belong to you *Sometimes*
 Refuse to share *Sometimes*

Remaining Items

Complain of aches or pains Never
 Spend more time alone Never
 Tire easily, little energy *Sometimes*
 Have trouble with teacher *Sometimes*
 Less interested in school *Sometimes*
 Are afraid of new situations *Sometimes*
 Are irritable, angry *Sometimes*
 Less interested in friends *Sometimes*
 Absent from school *Sometimes*
 School grades dropping *Sometimes*
 Visit doctor with doctor finding nothing wrong *Sometimes*
 Have trouble sleeping *Sometimes*
 Want to be with parent more than before *Sometimes*
 Feel that you are bad *Sometimes*
 Take unnecessary risks *Sometimes*
 Get hurt frequently *Sometimes*
 Act younger than children your age Never
 Do not show feelings *Sometimes*

OFFICE USE ONLY

Overall Score Range: 0-70 Overall Cutoff for Positive Screen: >= 30 or Suicidality = Positive
 Cutoff Scores for Interpretation: (Internalizing >=5) (Attention Problems >=7) (Externalizing >=7) (Suicidality >0)

Plan for follow-up

Annual Screening Return visit w/PCP Referred to counselor Parent declined Already in treatment Referred to other professional

CRAFFT



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CRAFFT Score	6	3		2	5	2		6		

Positive Screen

CRAFFT Score (most recent administration): 6

100% Probability of Abuse or Dependence

Responses (most recent administration)

CRAFFT Pre-Screen Questions - Pre-Screen Score: 1

1. Drink any alcohol (more than a few sips)? **Yes**
2. Smoke any marijuana or hashish? **No**
3. Use anything else to get high? **No**

CRAFFT Car Question - Result: Positive

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? **Yes**

CRAFFT Questions - CRAFFT Score: 6

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? **Yes**
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? **Yes**
4. Do you ever FORGET things you did while using alcohol or drugs? **Yes**
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? **Yes**
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? **Yes**

OFFICE USE ONLY

Overall Score Range: 0-6 Overall Cutoff for Positive Screen: ≥ 2

Recommendations

Ask patient to agree to avoid riding with driver who has used drugs or alcohol. Followup at next visit.

Conduct brief assessment of substance use to understand whether disorder exists. Follow practice protocol (refer and/or brief intervention)

Plan for follow-up

- Return visit w/PCP Referred to counselor Parent declined Already in treatment Referred to other professional