

COMPREHENSIVE DATA COLLECTION CHECKLIST WITH SCORING

Patient ID: _____

Date of Assessment: _____

Assessment Period: _____

SECTION A: CHILD SYMPTOMS & FUNCTIONING (PSC-35)

Instructions: Rate each item based on documentation/observation over past 6 months

Scoring: 0 = Never, 1 = Sometimes, 2 = Often

A1. Attention/Hyperactivity Items

#	Item	Score (0-2)
1	Fidgety, unable to sit still	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
2	Daydreams too much	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
3	Distracted easily	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
4	Has trouble concentrating	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
5	Acts as if driven by a motor	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
		Attention Subscale: _____ / 10

A2. Externalizing/Conduct Items

#	Item	Score (0-2)
6	Fights with other children	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
7	Does not listen to rules	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
8	Does not understand other people's feelings	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
9	Teases others	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
10	Blames others for troubles	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
11	Refuses to share	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
12	Takes things that don't belong to him/her	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
		Externalizing Subscale: _____ / 14

A3. Internalizing/Emotional Items

#	Item	Score (0-2)
13	Feels sad, unhappy	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
14	Feels hopeless	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
15	Is down on himself/herself	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
16	Worries a lot	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
17	Seems to be having less fun	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
18	Acts younger than children his/her age	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
19	Does not show feelings	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
		Internalizing Subscale: _____ / 14

A4. Additional PSC Items

#	Item	Score (0-2)
20	Does not get along with other children	0 0 0 1 0 2
21	Visits doctor with nothing found wrong	0 0 0 1 0 2
22	Has trouble with teacher	0 0 0 1 0 2
23	Less interested in school	0 0 0 1 0 2
24	Is afraid of new situations	0 0 0 1 0 2
25	Is irritable, angry	0 0 0 1 0 2
26	Less interest in friends	0 0 0 1 0 2
27	Absent from school	0 0 0 1 0 2
28	Complains of aches/pains	0 0 0 1 0 2
29	Has trouble sleeping	0 0 0 1 0 2
30	Tires easily, little energy	0 0 0 1 0 2
31	Spending less time with friends	0 0 0 1 0 2
32	Will not join group activities	0 0 0 1 0 2
33	Less interest in school	0 0 0 1 0 2
34	School grades dropping	0 0 0 1 0 2
35	Down on self	0 0 0 1 0 2
		Additional Items Subscale: _____ / 32

TOTAL PSC-35 SCORE: _____ / 70

Clinical Interpretation:

< 28: Below clinical cutoff

>= 28: Psychosocial impairment present (requires evaluation)

SECTION B: CAREGIVER STRAIN (CGSQ-21)

Instructions: Rate strain experienced by primary caregiver

Scoring: 1 = Not at all, 2 = A little, 3 = Some, 4 = A lot, 5 = Very much

B1. Objective Strain - Financial (4 items)

#	Item	Score (1-5)
36	Financial difficulties due to child's needs	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
37	Lost wages/missed work	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
38	Increased medical/treatment expenses	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
39	Transportation/travel costs for care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
		Financial Strain: _____ / 20

B2. Objective Strain - Time/Activities (5 items)

#	Item	Score (1-5)
40	Disrupted daily routine/schedule	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
41	Reduced social/recreational activities	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
42	Excessive time spent on child's care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
43	Difficulty arranging childcare	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
44	Impact on caregiver employment	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
		Time/Activity Strain: _____ / 25

B3. Subjective Externalized Strain (6 items)

#	Item	Score (1-5)
45	Constantly worried about child	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
46	Feeling physically exhausted	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
47	Feeling overwhelmed by responsibilities	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
48	Anxious about child's future	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
49	Feeling helpless about situation	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
50	Sleep problems due to worry	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
		Externalized Strain: _____ / 30

B4. Subjective Internalized Strain (6 items)

#	Item	Score (1-5)
51	Feeling sad or depressed	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
52	Feeling angry or resentful	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
53	Feeling guilty or self-blame	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
54	Feeling embarrassed about child	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
55	Feeling isolated from others	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
56	Feeling like a failure as parent	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
		Internalized Strain: _____ / 30

Clinical Interpretation:

21-42: Minimal strain

43-63: Moderate strain - support recommended

64-84: High strain - intervention needed

85-105: Severe strain - urgent intervention required

SECTION C: STIGMA (EMIC/FIS Components)

Instructions: Document evidence of stigma experiences

Scoring: 0 = No evidence, 1 = Some evidence, 2 = Clear/documentated evidence

C1. Perceived/Anticipated Stigma (8 items)

#	Item	Score (0-2)
57	Fear of social blame/judgment	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
58	Fear of negative labeling ('crazy', 'problem child')	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
59	Fear of gossip/rumors in community	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
60	Fear of discrimination	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
61	Fear of school rejection/exclusion	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
62	Concerns about marriage prospects (child/family)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
63	Impact on family reputation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
64	Impact on siblings' social standing	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
		Perceived Stigma: _____ / 16

C2. Experienced Stigma (6 items)

#	Item	Score (0-2)
65	Discrimination in healthcare settings	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
66	Discrimination in education/school	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
67	Social exclusion by peers/community	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
68	Rejection by relatives/extended family	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
69	Workplace discrimination (caregiver)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
70	Exclusion from community activities	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
		Experienced Stigma: _____ / 12

C3. Internalized Stigma (5 items)

#	Item	Score (0-2)
71	Shame about child's diagnosis	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
72	Concealment of condition from others	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
73	Avoidance of discussing with relatives	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
74	Avoidance of social events	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
75	Self-blame for child's condition	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
		Internalized Stigma: _____ / 10

C4. Structural Stigma (3 items)

#	Item	Score (0-2)
76	Lack of appropriate services	0 0 0 1 0 2
77	Inadequate school accommodations	0 0 0 1 0 2
78	Limited community support/resources	0 0 0 1 0 2
		Structural Stigma: _____ / 6

TOTAL STIGMA SCORE (22 items): _____ / 44

Clinical Interpretation:

0-14: Low stigma impact

15-29: Moderate stigma - psychoeducation needed

30-44: High stigma - stigma reduction interventions essential

SECTION D: HELP-SEEKING & PATHWAYS TO CARE

D1. Recognition & Delay (4 items)

#	Item	Present	Duration/Details
79	Delay in recognizing problem	O Yes (1 pt)	_____ months
80	Delay in seeking professional care	O Yes (1 pt)	_____ months
81	Symptoms normalized/dismissed	O Yes (1 pt)	By whom: _____
82	Problem attributed to discipline issues	O Yes (1 pt)	
Recognition Delay Score: _____ / 4			Mean Delay to Care: _____ months

D2. Formal Healthcare Pathways (7 items)

#	Item	Present	Date/Notes
83	Pediatrician/primary care consulted	O Yes (1 pt)	Date: _____
84	Psychiatrist consulted	O Yes (1 pt)	Date: _____
85	Psychologist consulted	O Yes (1 pt)	Date: _____
86	Regular follow-up maintained	O Yes (1 pt)	Frequency: _____
87	Treatment discontinued prematurely	O Yes (1 pt)	Reason: _____
88	Hospitalization required	O Yes (1 pt)	# times: _____
89	Emergency services used	O Yes (1 pt)	# times: _____
Formal Pathways Score: _____ / 7			

D3. School-Based Pathways (5 items)

#	Item	Present	Notes
90	Problem first identified by teacher	O Yes (1 pt)	
91	School referral made	O Yes (1 pt)	To: _____
92	Special education services recommended	O Yes (1 pt)	Type: _____
93	Special School Enrolment in place	O Yes (1 pt)	Date: _____
94	School resistance/lack of support	O Yes (1 pt)	Details: _____
School Pathways Score: _____ / 5			

D4. Informal/Traditional Pathways (4 items)

#	Item	Present	Type/Provider
95	Faith healing/religious intervention	O Yes (1 pt)	
96	Traditional/alternative remedies	O Yes (1 pt)	Type: _____
97	Advice from family elders	O Yes (1 pt)	
98	Local healer/traditional practitioner	O Yes (1 pt)	Type: _____
Informal Pathways Score: _____ / 4			

D5. Barriers to Care (8 items)

Scoring: 0 = Not a barrier, 1 = Minor barrier, 2 = Moderate barrier, 3 = Major barrier

#	Item	Score (0-3)
99	Geographic distance	O 0 O 1 O 2 O 3
100	Financial/cost barriers	O 0 O 1 O 2 O 3
101	Transportation difficulty	O 0 O 1 O 2 O 3
102	Time constraints	O 0 O 1 O 2 O 3
103	Caregiver availability	O 0 O 1 O 2 O 3
104	Lack of services in area	O 0 O 1 O 2 O 3
105	Language/cultural barriers	O 0 O 1 O 2 O 3
106	Stigma-related avoidance	O 0 O 1 O 2 O 3
Total Barriers Score: _____ / 24		Major Barriers (score >=2): _____

SECTION D TOTAL (all pathway items): _____ / 44

SECTION E: ACCEPTANCE & TREATMENT ADHERENCE

E1. Illness Acceptance (1 item scored 0-3)

Scoring: Select ONE that best describes current status

#	Item	Selected
107	Full acceptance of diagnosis	O (Score = 3)
	Partial/ambivalent acceptance	O (Score = 2)
	Minimal acceptance	O (Score = 1)
	Complete denial/rejection	O (Score = 0)
Acceptance Score: _____ / 3		

E2. Treatment Adherence (6 items)

Scoring: 0 = Not applicable/not prescribed, 1 = Poor (<50%), 2 = Fair (50-75%), 3 = Good (>75%)

#	Item	Score (0-3)	Details
108	Medication adherence	O 0 O 1 O 2 O 3	Med: _____
109	Psychotherapy adherence	O 0 O 1 O 2 O 3	Frequency: ____
110	Parent training adherence	O 0 O 1 O 2 O 3	Sessions: ____
111	School intervention adherence	O 0 O 1 O 2 O 3	
112	Behavioral intervention adherence	O 0 O 1 O 2 O 3	
113	Follow-up appointment adherence	O 0 O 1 O 2 O 3	Kept: ____ / ____
Total Adherence Score: _____ / 18 (exclude N/A items)		Mean Adherence: _____	

E3. Treatment Discontinuation (4 items)

#	Item	Present	Reason
114	Irregular follow-up	O Yes (1 pt)	
115	Medication discontinued	O Yes (1 pt)	Reason: _____
116	Therapy discontinued	O Yes (1 pt)	Reason: _____
117	Complete default from care	O Yes (1 pt)	Date: _____

#	Item	Present	Reason
			Discontinuation Score: _____ / 4

SECTION E TOTAL: _____ / 25 (3 + 18 + 4)

SECTION F: ENVIRONMENTAL & RISK FACTORS

Scoring: 0 = Absent/not documented, 1 = Present

F1. Home Environment Risk Factors (8 items)

#	Item	Score (0-1)	Details
118	Excessive screen time (>2 hrs/day)	<input type="radio"/> 0 <input type="radio"/> 1	Hours: _____
119	Inconsistent parenting practices	<input type="radio"/> 0 <input type="radio"/> 1	
120	Harsh discipline/physical punishment	<input type="radio"/> 0 <input type="radio"/> 1	
121	Parental mental health problems	<input type="radio"/> 0 <input type="radio"/> 1	Diagnosis: ____
122	Parental substance use	<input type="radio"/> 0 <input type="radio"/> 1	Type: _____
123	Domestic violence exposure	<input type="radio"/> 0 <input type="radio"/> 1	
124	Neglect/inadequate supervision	<input type="radio"/> 0 <input type="radio"/> 1	
125	Lack of structured routine	<input type="radio"/> 0 <input type="radio"/> 1	
		Home Risk Score: _____ / 8	

F2. Psychosocial Stressors (7 items)

#	Item	Score (0-1)	Details
126	Family financial stress/poverty	<input type="radio"/> 0 <input type="radio"/> 1	
127	Parental unemployment	<input type="radio"/> 0 <input type="radio"/> 1	Duration: _____
128	Recent bereavement/loss	<input type="radio"/> 0 <input type="radio"/> 1	When: _____
129	Parental separation/divorce	<input type="radio"/> 0 <input type="radio"/> 1	When: _____
130	Migration/displacement history	<input type="radio"/> 0 <input type="radio"/> 1	When: _____
131	Poor housing conditions	<input type="radio"/> 0 <input type="radio"/> 1	
132	Neighborhood violence/crime	<input type="radio"/> 0 <input type="radio"/> 1	
		Psychosocial Stressors Score: _____ / 7	

F3. Protective Factors (6 items)

#	Item	Score (0-1)	Details
133	Strong parent-child relationship	<input type="radio"/> 0 <input type="radio"/> 1	
134	Extended family support present	<input type="radio"/> 0 <input type="radio"/> 1	Type: _____
135	Positive peer relationships	<input type="radio"/> 0 <input type="radio"/> 1	
136	Community support available	<input type="radio"/> 0 <input type="radio"/> 1	Type: _____
137	Academic strengths/talents	<input type="radio"/> 0 <input type="radio"/> 1	Area: _____
138	Structured extracurricular activities	<input type="radio"/> 0 <input type="radio"/> 1	Type: _____
		Protective Factors Score: _____ / 6	

SECTION F TOTAL:

Risk Factors: _____ / 15 (8 + 7)

Protective Factors: _____ / 6

Risk-Protection Ratio: _____ (Risk / Protection)

OVERALL SUMMARY SCORING TABLE

Section	Domain	Items	Raw Score	Max Score	Percentage
A	Child Symptoms (PSC-35)	35	_____	70	_____%
B	Caregiver Strain (CGSQ-21)	21	_____	105	_____%
C	Stigma (Total)	22	_____	44	_____%
	- Perceived Stigma	8	_____	16	_____%
	- Experienced Stigma	6	_____	12	_____%
	- Internalized Stigma	5	_____	10	_____%
	- Structural Stigma	3	_____	6	_____%
D	Pathways & Barriers	28	_____	44	_____%
	- Recognition Delay	4	_____	4	_____%
	- Formal Pathways	7	_____	7	_____%
	- School Pathways	5	_____	5	_____%
	- Informal Pathways	4	_____	4	_____%
	- Barriers to Care	8	_____	24	_____%
E	Acceptance & Adherence	11	_____	25	_____%
	- Illness Acceptance	1	_____	3	_____%
	- Treatment Adherence	6	_____	18	_____%
	- Discontinuation	4	_____	4	_____%
F	Environmental Factors	21	_____		
	- Risk Factors	15	_____	15	_____%
	- Protective Factors				
	GRAND TOTAL ITEMS: 138				

CLINICAL INTERPRETATION GUIDE

Section A: Child Symptoms (PSC-35)

< 28: Below clinical cutoff - no intervention indicated
 28-38: Mild impairment - monitoring recommended
 39-52: Moderate impairment - intervention warranted
 >= 53: Severe impairment - urgent intervention needed

Section B: Caregiver Strain (CGSQ-21)

21-42: Minimal strain
 43-63: Moderate strain - caregiver support needed
 64-84: High strain - intervention required
 85-105: Severe strain - urgent comprehensive support

Section C: Stigma

0-14: Low stigma impact
 15-29: Moderate stigma - psychoeducation recommended
 30-44: High stigma - stigma reduction interventions essential

Section D: Barriers

0-8: Few barriers
 9-16: Moderate barriers - case management helpful
 17-24: Severe barriers - intensive care coordination needed

Section E: Treatment Adherence

Mean >= 2.5: Good adherence
 Mean 1.5-2.4: Fair adherence - support strategies needed
 Mean < 1.5: Poor adherence - intensive adherence intervention

Section F: Risk-Protection Ratio

< 1.0: Protective factors exceed risks (favorable prognosis)
 1.0-2.0: Balanced - moderate concern
 > 2.0: High risk profile - comprehensive intervention needed

DATA QUALITY INDICATORS

ItemResponse	Total items completed: _____ / 138	Data completeness: _____%
Primary data source	<input type="radio"/> Clinical records <input type="radio"/> Caregiver report <input type="radio"/> Both	
Assessment period covered	From: _____ To: _____	
Number of clinical encounters reviewed	_____	

Missing critical data elements	List: _____	
Reliability check performed	O Yes O No	Data collector initials: _____
Date of assessment	_____	

CLINICAL NOTES & RECOMMENDATIONS
