

Trauma Symptom Checklist for Children™ Screening Form



Score Report

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Client name: Sample Client Client ID: PiC_SC2020

Age: 14

Date of birth: (not specified)

Gender: Male

Test form: TSCC Screening Form (TSCC-SF)

Test date: 09/02/2020

This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons. Please refer to the TSCC Professional Manual and TSCC/TSCYC Screening Form Technical Paper for procedures and guidelines for the interpretation of this report.

TSCC-SF Score Summary

Scale	Raw score	Percentile	Classification
General Trauma	14	88	Elevated
Sexual Concerns	8	96	Elevated

Suicide risk item	Response
6. Wanting to kill myself	Sometimes *

Note. * Further assessment may be warranted.

Ge	neral Trau	ma	Sexu	al Cond	cerns
Raw		%ile	Raw		%ile
36		>99			
35		>99			
34		>99			
33		>99			
32		>99			
31		>99			
30		>99			
29		>99			
28		>99			
27		>99			
26		>99			
25		>99			
24		99	24		>99
23		98	23		>99
22		98	22		>99
21		97	21		>99
20		97	20		>99
19		96	19		>99
18		95	18		>99
17		94	17		>99
16		92	16		>99
15		90	15		>99
14	•	88	14		>99
13		85	13		>99
12		82	12		>99
11		79	11		96
10		75	10		96
9		70	9		96
8		65	8	•	96
7		59	7		93
6		51	6		91
5		44	5		81
4		35	4		76
3		27	3		70
2		19	2		59
1		11	1		40
0		4	0		19
	Elevated				

TSCC-SF Items and Responses

General Trauma scale			
Item #	Item	Response	
1	Scary ideas or pictures just pop into my head	Sometimes	
2	Feeling sad or unhappy	Sometimes	

Redacted for sample report.

Sexual Concerns scale		
Item #	Item	Response
13	Having sex feelings in my body	Lots of times

Redacted for sample report.

*** End of Report ***