

Pediatric Symptom Checklist

Child's Name: _____

Record Number: _____

Today's Date: _____

Filled out by: _____

Date of Birth: _____

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 mark under the heading that best fits your child.

		Never (0)	Sometimes (1)	Often (2)
1. Complains of aches/pains	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spends more time alone	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tires easily, has little energy	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fidgety, unable to sit still	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has trouble with a teacher	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as if driven by a motor	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daydreams too much	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Distracted easily	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is afraid of new situations	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feels sad, unhappy	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is irritable, angry	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feels hopeless	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has trouble concentrating	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Less interest in friends	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fights with others	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Absent from school	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School grades dropping	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is down on him or herself	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Visits doctor with doctor finding nothing wrong	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has trouble sleeping	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Worries a lot	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Wants to be with you more than before	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Feels he or she is bad	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Takes unnecessary risks	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Gets hurt frequently	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Seems to be having less fun	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts younger than children his or her age	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does not listen to rules	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does not show feelings	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does not understand other people's feelings	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Teases others	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blames others for his or her troubles	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Takes things that do not belong to him or her	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Refuses to share	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score: _____

Does your child have any emotional or behavioral problems for which she/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? _____