



PEDIATRIC CHECKLIST OF CONCERNS

Child's Full Name: _____ DOB: _____

Child's Gender: _____ Child's Race/Ethnicity: _____

Caregiver's Name: _____ Relationship: _____

Directions: The following items are symptoms and characteristics that may occur in children. Please check off the items that describe your child.

EMOTIONAL CONCERNS

- Cries easily
- Hypersensitivity, gets feelings hurt easily
- Nervousness or worry
- Fearfulness
- Irritable or low frustration tolerance
- Nightmares
- Unhappy, sad, depressed, or low mood
- Quickly changing mood
- Becomes upset with changes in routine or schedule
- Low self-esteem or confidence
- Seems afraid to make mistakes
- Panic attacks
- Has difficulty showing or expressing feelings
- Talks of suicide or death
- Often angry or resentful
- Worst case scenario thinker
- Intrusive or obsessive thoughts they can't get their mind off of
- Indecisive, spends a lot of time making decisions
- Feels lonely
- Loss of interest or care in things previously enjoyed
- Seems to shut down when upset
- Fears certain animals, situations, places, or things (describe: _____)
- Has been diagnosed with an emotional disorder: _____
- Takes medication for an emotional concern or disorder: _____

BEHAVIORAL CONCERNS

- Distractible, inattentive, difficulties with concentration or paying attention
- Hyperactive, restless, fidgety, or can't sit still
- Procrastinates, dawdles, wastes time
- Daydreams or gets lost in his/her thoughts
- Destroys or breaks things when mad
- Disobedient at home, oppositional, doesn't listen to directions
- Disobedient at school, oppositional, doesn't listen to directions
- Does not seem to listen when spoken to
- Disorganized, messy
- Forgetful
- Lying
- Cheating
- Impatient, hard time waiting their turn
- Steals at home
- Steals outside of home
- Argues, "talks backs," smart-alecky, disrespectful
- Screams, yells, shouts at others
- Complains
- Thumb sucking
- Biting/chewing nails
- Throws things
- Vandalism
- Underactive, slow moving, or lacking energy
- Temper tantrums or rages
- Cruel to animals
- Does not seem to feel guilty after misbehaving
- Shows remorse/guilt after misbehaving
- Swearing or obscene language, verbally insults others
- Threatens others
- Talks a lot, noisy, or has trouble staying quiet when asked to
- Sexualized behaviors (please describe: _____)
- Does things without thinking first, impulse control problems

- Acts younger than their age, immature
- Acts older than their age, mature
- Sets fires
- Often pouts and sulks
- Has unusual, repetitive behaviors
(describe: _____)
- Seems preoccupied with certain thoughts
(describe: _____)
- Says or does certain things over and over
(describe: _____)
- Hears or sees things that aren't there
(describe: _____)
- Physically injures others, aggressive, or violent behavior
- Self-harming behaviors (such as biting or hitting self, head banging, scratching self)
(describe: _____)

- Tics—involuntary rapid movements, noises, or word productions
(describe: _____)
- Needs frequent reminders or redirection to complete tasks
- Has a hard time calming down or relaxing
- Stores or collects too many things they do not need (describe: _____)
- Has been diagnosed with a behavioral disorder:

- Takes medication for a behavioral concern or condition, including ADHD: _____
- Fails to finish tasks or see things through

SOCIAL CONCERNS

- Shy or timid
- Difficulty making friends or maintaining friendships
- Makes friends easily
- Clings to caregiver when in public
- Has frequent conflicts with others
- Gets into physical fights with others
- Self-conscious or easily embarrassed
- Withdrawn, doesn't get involved with others, spends a lot of time alone
- Teases, picks on, or bullies others
- Gets teased or bullied

- Mostly has friends younger than them
- Mostly has friends older than them
- Has few friends
- Struggles with sharing
- Sore loser
- Frequently blames others for problems
- Mute, refuses to speak
- Has imaginary friends
- Becomes easily overwhelmed by noises
- Becomes easily overwhelmed by crowds
- Seems socially awkward to others

FAMILY CONCERNS

- Easily redirected/corrected
- Difficult to find appropriate or effective discipline
- Gets along with other family members
- Conflicts with parents/caregivers
- Conflicts with siblings

- Difficulties with parent's new partner or new family members
- Clings to parents, fears to be separated from caregivers
- Has trouble showing or accepting affection with family members
- Feels or complains that no one loves them

SCHOOL CONCERNS

- Fears school
- School failure, poor grades
- Has repeated a grade
- Has/Suspected to have a learning disability or disorder such as dyslexia or dysgraphia
- Has a 504 plan
- Has an IEP
- Enjoys school
- Perfectionist, highly critical of self or grades
- Often becomes sick before or during school

- Poor effort in school
- Poor handwriting
- Has difficulty working in groups
- Rarely speaks up in class
- Test anxiety
- Class clown
- Teacher or school has reported behavioral concerns
- Has had detentions, suspensions, etc.

PERSONALITY CHARACTERISTICS

- Affectionate
- Empathetic
- Helpful
- Easily jealous
- Introverted
- Extroverted
- Strong-willed
- Artistic
- Athletic
- Creative
- Intelligent
- Competitive
- Easygoing
- Serious
- Clumsy or accident-prone
- Responsible
- Does not like to be touched/does not show much physical affection
- Optimistic
- Pessimistic
- Silly
- Independent
- Dependent
- Confident
- Risk-taker
- Sensitive
- Tough

DEVELOPMENTAL CONCERNS

- Developmental delays (please elaborate: _____)
- Speech difficulties
- Has attended or is currently attending speech therapy, occupational therapy, physical therapy, etc.
- Has been diagnosed with or suspected to have diagnosis of Autism Spectrum Disorder

PHYSICAL SYMPTOMS

- Frequently complains of feeling sick
- Heart racing/palpitations
- Breathlessness/heavy breathing/fast breathing
- Stomachaches
- Headaches
- Other body aches
- Nausea/vomiting
- Scratches/picks at skin
- Decreased appetite
- Increased appetite
- Appetite fluctuations
- Bed wetting or bathroom accidents outside of the toilet
- Constipation or diarrhea
- Dizziness or lightheaded
- Underweight
- Overweight
- Fatigue, easily tired out
- Has a difficult time falling asleep or staying asleep
- Does not sleep enough
- Sleeps too much
- Fears sleeping alone
- Sensory processing issues (such as difficulties with certain textures, touch, tastes, noises, levels of light, heat/cold, etc.)
- Shaking, trembling
- Tense muscles or feeling on edge

Other concerns not listed above: _____

Of all the items you checked off on this list, which one(s) cause(s) the most stress or impairment in your child's life?

Approximately how long has your child experienced these difficulties?
