

Pediatric Symptom Checklist

Your child's name: _____ today's date: _____

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