

Do not write, stamp, punch holes or affix a sticker in this area.

# Pediatric Symptom Checklist

To reproduce, follow the printing instructions. Do not fold this form.

Please answer every question

## Marking Instructions

Please use a # 2 pencil  
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month

Day

Year

Filled out by: \_\_\_\_\_

Today's date: \_\_\_\_\_

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	Sometimes	Often
1. Complains of aches/pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Spends more time alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Tires easily, has little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Fidgety, unable to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has trouble with a teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Less interested in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Acts as if driven by a motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Daydreams too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Is afraid of new situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Feels sad, unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Is irritable, angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Feels hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Has trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Less interest in friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Fights with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Absent from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. School grades dropping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Is down on him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Visits doctor with doctor finding nothing wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Has trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Wants to be with you more than before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Feels he or she is bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Takes unnecessary risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Gets hurt frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Seems to be having less fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Acts younger than children his or her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Does not listen to rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Does not show feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Does not understand other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Teases others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Blames others for his or her troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Takes things that do not belong to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Refuses to share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your child have any emotional or behavioral problems for which she/he needs help? no  yes

Are there any services that you would like your child to receive for these problems? no  yes

If yes, what services? \_\_\_\_\_