

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Filled Out By: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Pediatric Symptom Checklist

Please mark under the heading that best fits your child:

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

Other comments:

Total Score: \_\_\_\_\_ Results: \_\_\_\_\_