



Pediatric Symptom Checklist

Patient Name: _____ DOB: _____ MR#: _____ Date of Service: _____

Name of Person Completing Form: _____ Relationship to Patient: _____

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.

Instructions

Read each phrase and decide if it is "never," "sometimes," or "often" true for your child. Then, for each statement, write the number that corresponds to the response that best describes your child.

Rating Scale

0 = Never
1 = Sometimes
2 = Often

Statements	Rating
1. Complains of aches and pains	<input type="text"/>
2. Spends more time alone	<input type="text"/>
3. Tires easily, has little energy	<input type="text"/>
4. Fidgety, unable to sit still	<input type="text"/>
5. Has trouble with teacher	<input type="text"/>
6. Less interested in school	<input type="text"/>
7. Acts as if driven by a motor	<input type="text"/>
8. Daydreams too much	<input type="text"/>
9. Distracted easily	<input type="text"/>
10. Is afraid of new situations	<input type="text"/>
11. Feels sad, unhappy	<input type="text"/>
12. Is irritable, angry	<input type="text"/>
13. Feels hopeless	<input type="text"/>
14. Has trouble concentrating	<input type="text"/>
15. Less interested in friends	<input type="text"/>
16. Fights with other children	<input type="text"/>
17. Absent from school	<input type="text"/>
18. School grades dropping	<input type="text"/>
19. Is down on himself/herself	<input type="text"/>
20. Visits the doctor with doctor finding nothing wrong	<input type="text"/>

21. Has trouble sleeping	<input type="text"/>
22. Worries a lot	<input type="text"/>
23. Wants to be with you more than before	<input type="text"/>
24. Feels s/he is bad	<input type="text"/>
25. Takes unnecessary risks	<input type="text"/>
26. Gets hurt frequently	<input type="text"/>
27. Seems to be having less fun	<input type="text"/>
28. Acts younger than children his/her age	<input type="text"/>
29. Does not listen to rules	<input type="text"/>
30. Does not show feelings	<input type="text"/>
31. Does not understand other people's feelings	<input type="text"/>
32. Teases others	<input type="text"/>
33. Blames others for his/her problems	<input type="text"/>
34. Takes things that do not belong to him/her	<input type="text"/>
35. Refuses to share	<input type="text"/>

Are there any concerns you have today about your child that you would like to discuss with the physician?

OFFICE USE ONLY

Total Score	
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