

Pediatric Symptoms Checklist

Emotional and physical health are related. Parents are often the first to notice a problem with their child's behavior, emotions or learning. Please help ensure your child receives the best care possible by answering the following questions.

Please place an "X" under the heading that best describes 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, has 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 teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Disinterested in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Very high energy	<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 in 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 interested in friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fights with other children	<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. Self loathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Frequently sees doctor, but nothing is 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 often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Wants to be with you more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Believes self to be bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NEVER	SOMETIMES	OFTEN
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 peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Ignores rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Shows no emotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Lacks empathy	<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 troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>