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	☐	☐	☐
2 Spends more time alone	☐	☐	☐
3 Tires easily, little energy	☐	☐	☐
4 Fidgety, unable to sit still	☐	☐	☐
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 doctor with doctor 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 Gets hurt frequently	☐	☐	☐
27 Seems to be having less fun	☐	☐	☐
28 Acts younger than children his or her age	☐	☐	☐
29 Does not listen to rules	☐	☐	☐
30 Does not show feelings	☐	☐	☐
31 Does not understand other people's feelings	☐	☐	☐
32 Teases others	☐	☐	☐
33 Blames others for his or her troubles	☐	☐	☐
34 Takes things that do not belong to him or her	☐	☐	☐
35 Refuses to share	☐	☐	☐

Other comments:

Total Score: _____ Results:_____

Additional copies available on the Pediatric Development and Behavior Homepage, http://www.dbpeds.org/handouts