Child's Name _____ Record Number _____

Today's Date _____ Filled out by _____

Date of Birth _____

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

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