



# Pediatric Symptom Checklist

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Therapist Name: \_\_\_\_\_ Completed by: Mom Dad Other \_\_\_\_\_

**Please complete the following by circling the corresponding number that best describes your child.**

	Rarely	Sometimes	Often
1. Complains of aches or pains	0	1	2
2. Spends more time alone	0	1	2
3. Tires easily, little energy	0	1	2
4. Fidgety, unable to sit still	0	1	2
5. Has trouble with a teacher	0	1	2
6. Less interested in school	0	1	2
7. Acts as if driven by a motor	0	1	2
8. Daydreams too much	0	1	2
9. Distracted easily	0	1	2
10. Is afraid of new situations	0	1	2
11. Feels sad, unhappy	0	1	2
12. Is irritable, angry	0	1	2
13. Feels hopeless	0	1	2
14. Has trouble concentrating	0	1	2
15. Less interest in friends	0	1	2
16. Fights with other children	0	1	2
17. Absent from school	0	1	2
18. School grades dropping	0	1	2
19. Is down on him or herself	0	1	2
20. Visits with doctor with nothing found wrong	0	1	2
21. Has trouble sleeping	0	1	2
22. Worries a lot	0	1	2
23. Wants to be with you more than before	0	1	2
24. Feels he or she is bad	0	1	2
25. Takes unnecessary risks	0	1	2
26. Gets hurt frequently	0	1	2
27. Seems to be having less fun	0	1	2
28. Acts younger than children her or her age	0	1	2
29. Does not listen to rules	0	1	2
30. Does not show feelings	0	1	2
31. Does not understand other people's feelings	0	1	2
32. Teases others	0	1	2
33. Blames others for his/her troubles	0	1	2
34. Takes things that do not belong to him or her	0	1	2
35. Refuses to share	0	1	2