Child's Name Recor		ord Numb	oer		
Today's Date		ed out by			
Date of	of Birth				
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	Pediatric Sympton	m Chec	Klist		
Please	mark under the heading that best fits your child				
		Neve	er 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	\square			
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	\square			
25	Takes unnecessary risks				
26	Gets hurt frequently	\square			
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