



DEPARTMENT OF HEALTH
& HUMAN SERVICES
BEHAVIORAL HEALTH

Child's Name: _____
 Child's Date of Birth: _____ Today's Date: _____
 Filled out by: _____

1227-Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

	Never (0)	Sometimes (1)	Often (2)
1. Complains of aches/pains	1		
2. Spends more time alone	2		
3. Tires easily, has little energy	3		
4. Fidgety, unable to sit still	4		
5. Has trouble with a teacher	5		
6. Less interested in school	6		
7. Acts as if driven by a motor	7		
8. Daydreams too much	8		
9. Distracted easily	9		
10. Is afraid of new situations	10		
11. Feels sad, unhappy	11		
12. Is irritable, angry	12		
13. Feels hopeless	13		
14. Has trouble concentrating	14		
15. Less interest in friends	15		
16. Fights with others	16		
17. Absent from school	17		
18. School grades dropping	18		
19. Is down on him or herself	19		
20. Visits doctor with doctor finding nothing wrong	20		
21. Has trouble sleeping	21		
22. Worries a lot	22		
23. Wants to be with you more than before	23		
24. Feels he or she is bad	24		
25. Takes unnecessary risks	25		
26. Gets hurt frequently	26		
27. Seems to be having less fun	27		
28. Acts younger than children his or her age	28		
29. Does not listen to rules	29		
30. Does not show feelings	30		
31. Does not understand other people's feelings	31		
32. Teases others	32		
33. Blames others for his or her troubles	33		
34. Takes things that do not belong to him or her	34		
35. Refuses to share	35		

Total score _____

Does your child have any emotional or behavioral problems for which she/he needs help? () N () Y
 Are there any services that you would like your child to receive for these problems? () N () Y

If yes, what services? _____

COMPLETED BY STAFF Provider: _____ Provider Number: _____ Program: _____
 Assessment Type: Initial Reassessment Discharge Administrative Close Urgent
 Client ID Number: _____ Episode Number: _____ Date Entered into Avatar (Med Rec): _____