



Pediatric System Checklist

Caregiver completing this form:

Date: -----

Name of child: -----

Please indicate which best fits your child

1. Feels sad, unhappy

Never Sometimes Often

2. Feels hopeless

Never Sometimes Often

3. Is down on him or herself

Never Sometimes Often

4. Worries a lot

Never Sometimes Often

5. Seems to be having less fun

Never Sometimes Often

6. Fidgety, unable to sit still

Never Sometimes Often

7. Daydreams too much

Never Sometimes Often

8. Distracted easily

Never Sometimes Often

9. Has trouble concentrating

Never Sometimes Often

10. Acts as if driven by a motor

Never Sometimes Often

11. Fights with other children

Never Sometimes Often

12. Does not listen to rules

Never Sometimes Often

13. Does not understand other people's feelings

Never Sometimes Often

14. Teases others

Never Sometimes Often

15. Blames others for his or her troubles

Never Sometimes Often

16. Refuses to share

Never Sometimes Often

17. Takes things that do not belong to him or her

Never Sometimes Often

Does your child have any emotional or behavioral problems for which he/she needs help?

Yes No Already receiving help