

# Pediatric Symptom Checklist



**Upon completion and for further instructions, please return to:** <https://mycatholicdoctor.com/intake-forms/>

Patient/Youth Version

***This form should be filled out by the youth, by the patient himself or herself.***

**Patient's name:** \_\_\_\_\_

**Please mark the answer that BEST fits you:**

Complain of aches and pains	Never	Sometimes	Often
Spend more time alone	Never	Sometimes	Often
Tire easily, little energy	Never	Sometimes	Often
Fidgety, unable to sit still	Never	Sometimes	Often
Have trouble with teacher	Never	Sometimes	Often
Less interested in school	Never	Sometimes	Often
Act as if driven by motor	Never	Sometimes	Often
Daydream too much	Never	Sometimes	Often
Distract easily	Never	Sometimes	Often
Are afraid of new situations	Never	Sometimes	Often
Feel sad, unhappy	Never	Sometimes	Often
Are irritable, angry	Never	Sometimes	Often
Feel hopeless	Never	Sometimes	Often
Have trouble concentrating	Never	Sometimes	Often
Less interested in friends	Never	Sometimes	Often
Fight with other children	Never	Sometimes	Often
Absent from school	Never	Sometimes	Often
School grades dropping	Never	Sometimes	Often
Down on yourself	Never	Sometimes	Often

**Please mark the answer that BEST fits you:**

Visit doctor with doctor finding nothing wrong	Never	Sometimes	Often
Have trouble sleeping	Never	Sometimes	Often
Worry a lot	Never	Sometimes	Often
Want to be with parent more than before	Never	Sometimes	Often
Feel you are bad	Never	Sometimes	Often
Take unnecessary risks	Never	Sometimes	Often
Get hurt frequently	Never	Sometimes	Often
Seem to be having less fun	Never	Sometimes	Often
Act younger than children your age	Never	Sometimes	Often
Do not listen to rules	Never	Sometimes	Often
Do not show feelings	Never	Sometimes	Often
Do not understand other people's feelings	Never	Sometimes	Often
Tease others	Never	Sometimes	Often
Blame others for your troubles	Never	Sometimes	Often
Take things that do not belong to you	Never	Sometimes	Often
Refuse to share	Never	Sometimes	Often