## **Pediatric Symptom Checklist - 17**

Please indicate which symptom best describes your child:
Fidgety, unable to sit still
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Feels sad, unhappy
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Daydreams too much
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Refuses to share
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Does not understand other people's feelings
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Feels hopeless
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>



Please indicate which symptom best describes your child:
Has trouble concentrating
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Fights with other children
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Is down on self
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Blames others for his/her troubles
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Seems to be having less fun
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Does not listen to rules
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>



Please indicate which symptom best describes your child:
Acts as if driven by a motor
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Teases others
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Worries a lot
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Takes things that do not belong to him/her
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>
Please indicate which symptom best describes your child:
Distracted easily
<ul><li>○ Never</li><li>○ Sometimes</li><li>○ Often</li></ul>

