

Pediatric Symptom Checklist Report



Name: Joe Sample1

Gender: Male

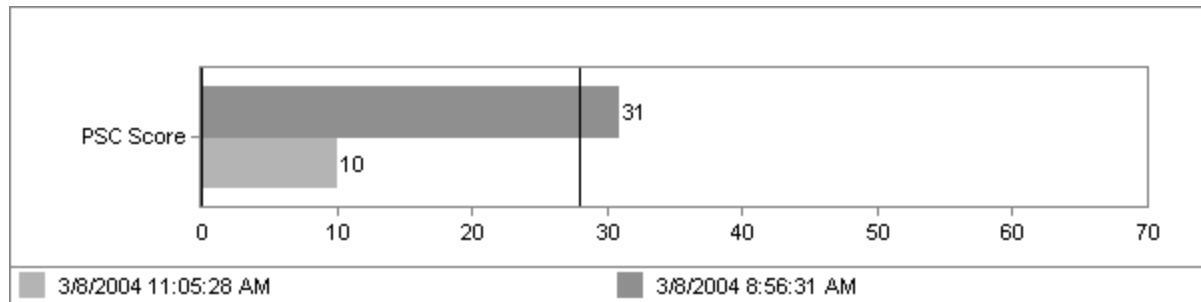
ID Number: 111111111

Age: 10

Date Tested: 3/8/2004 11:05:28 AM

Reviewed by: _____

Negative Case: This individual's most recent test results are Negative.



Information Source: **Parent or Guardian**

Believes child has emotional or behavioral problems for which she/he needs help: **Yes**

There are services that they would like their child to receive for these problems: **No**

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

Note: Item responses are from the most recent test administration.