

## Pictorial Pediatric Symptom Checklist - 17

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

Please mark under the heading that best fits your child:

### 1 Fidgety, unable to sit still



NEVER



SOMETIMES



OFTEN

### 2 Acts as if driven by a motor



NEVER



SOMETIMES



OFTEN

### 3 Daydreams too much



NEVER



SOMETIMES



OFTEN

### 4 Distracted easily



NEVER



SOMETIMES



OFTEN

### 5 Feels sad, unhappy



NEVER



SOMETIMES



OFTEN

**6** Feels hopeless

	NEVER		SOMETIMES		OFTEN
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**7** Has trouble concentrating

	NEVER		SOMETIMES		OFTEN
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**8** Fights with other children

	NEVER		SOMETIMES		OFTEN
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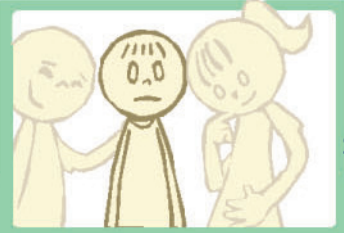
**9** Is down on him or herself

	NEVER		SOMETIMES		OFTEN
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**10** Worries a lot

	NEVER		SOMETIMES		OFTEN
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**11** Seems to be having less fun

	NEVER		SOMETIMES		OFTEN
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**12** Does not listen to rules

	NEVER		SOMETIMES		OFTEN
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**13** Does not understand other people's feelings ;

	NEVER		SOMETIMES		OFTEN
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**14** Teases others

	NEVER		SOMETIMES		OFTEN
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**15** Blames others for his or her troubles

	NEVER		SOMETIMES		OFTEN
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**16** Takes things that do not belong to him or her

	NEVER		SOMETIMES		OFTEN
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**17** Refuses to share

	NEVER		SOMETIMES		OFTEN
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For office use only

-Factor 1 \_\_\_\_\_

Factor 2 \_\_\_\_\_

Factor 3 \_\_\_\_\_