Pediatric Symptom Checklist Report

Name: Joe Sample1
Gender: Male
ID Number: 11111111
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.

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