

PEDIATRIC AND ADOLESCENT SLEEP CENTER

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Pediatric Symptom Checklist

Child's Name: _____ Date of Birth _____ Today's Date _____ Filled out by _____

Emotional and physical health often goes together in children. These items may also affect you or your child's sleep. *Please make a check only if your child exhibits one of these symptoms*, under the heading that best fits your child. We will have you fill out this checklist with every visit and sleep study.

If your child exhibits a symptom below please mark an X under the heading that best describes your child	Sometimes (1)	Often (2)
1. Complains of aches/pains		
2. Spends more time alone		
3. Tires easily, has little energy		
4. Fidgety, unable to sit still		
5. Has trouble with a teacher		
6. Less interested in school		
7. Acts as if driven by a motor		
8. Daydreams too much		
9. Distracted easily		
10. Is afraid of new situations		
11. Feels sad, unhappy		
12. Is irritable, angry		
13. Feels hopeless		
14. Has trouble concentrating		
15. Less interest in friends		
16. Fights with others		
17. Absent from school		
18. School grades dropping		
19. Is down on him or herself		
20. Visits doctor with doctor finding nothing wrong		
21. Has trouble sleeping		
22. Worries a lot		
23. Wants to be with you more than before		
24. Feels he or she is bad		
25. Takes unnecessary risks		
26. Gets hurt frequently		
27. Seems to be having less fun		
28. Acts younger than children his or her age		
29. Does not listen to rules		
30. Does not show feelings		
31. Does not understand other people's feelings		
32. Teases others		
33. Blames others for his or her troubles		
34. Takes things that do not belong to him or her		
35. Refuses to share		

Total score _____