Preschool Feelings Checklist

Child’s Name _____________________________________________ Date of Birth ______________________
Address __________________________________________________ Daytime Phone ______________________
Evening Phone ____________________________ Best time to call ______________________________
Date Checklist Completed ______________________________________ Gender     F      M

Please complete this questionnaire. Your signature gives Washington University the permission to contact you.

MY CHILD:
Is almost always interested in playing with other kids.    Y   N
Frequently appears sad or says he/she feels sad.     Y   N
Has a lot of trouble following simple directions or rules.    Y   N
Seems not to be as excited about play or activities as much as other kids.  Y   N
Whines or cries a lot.        Y   N
Can’t pay attention to games or tasks for very long.  Y   N
Keeps to him/herself.        Y   N
Pretend plays about scary or sad things.      Y   N
Blames him/herself for things.       Y   N
Seems to lack confidence.       Y   N
Doesn’t react to things that other children his/her age find exciting or upsetting.  Y   N
Often seems to be very tired and has low energy.  Y   N
Seems to feel overly guilty.  Y   N
Failed to gain weight or has lost weight (without being on a diet).  Y   N
Used to behave his/her age but now seems to act younger (for example, used to be potty trained but now soiling clothes).  Y   N
Seems more irritable or grouchy than other children his/her age.  Y   N

SIGNATURE:  ____________________________________________________

Please Print name here:  ____________________________________________

After completing this form, please return to the nurse.