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.