

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.