

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.