



Please print

CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID #

CHILD'S FULL NAME: First _____ Middle _____ Last _____

CHILD'S GENDER: Boy Girl

CHILD'S AGE: _____ CHILD'S ETHNIC GROUP OR RACE: _____

TODAY'S DATE: Mo. _____ Date _____ Yr. _____ CHILD'S BIRTHDATE: Mo. _____ Date _____ Yr. _____

GRADE IN SCHOOL: _____

NOT ATTENDING SCHOOL:

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S TYPE OF WORK: _____

MOTHER'S TYPE OF WORK: _____

THIS FORM FILLED OUT BY: (print your full name) _____

Your gender: Male Female

Your relation to the child:

Biological Parent Step Parent Grandparent

Adoptive Parent Foster Parent Other (specify) _____

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average Average More Than Average Don't Know

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Compared to others of the same age, how well does he/she do each one?

Below Average Average Above Average Don't Know

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.)

None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average Average More Than Average Don't Know

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Compared to others of the same age, how well does he/she do each one?

Below Average Average Above Average Don't Know

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

III. Please list any organizations, clubs, teams, or groups your child belongs to.

None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, how active is he/she in each?

Less Active Average More Active Don't Know

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, how well does he/she carry them out?

Below Average Average Above Average Don't Know

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Be sure you answered all items. Then see other side.

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)

- None 1 2 or 3 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?

(Do *not* include brothers & sisters)

- Less than 1 1 or 2 3 or more

VI. Compared to others of his/her age, how well does your child:

- | | Worse | Average | Better | |
|---|--------------------------|--------------------------|--------------------------|---|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Behave with his/her parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Play and work alone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. 1. Performance in academic subjects.

Does not attend school because _____

Check a box for each subject that child takes

Other academic subjects—for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

- | | Failing | Below Average | Average | Above Average |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading, English, or Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Does your child receive special education or remedial services or attend a special class or special school?

- No Yes—kind of services, class, or school:

3. Has your child repeated any grades? No Yes—grades and reasons:

4. Has your child had any academic or other problems in school? No Yes—please describe:

When did these problems start? _____

Have these problems ended? No Yes—when?

Does your child have any illness or disability (either physical or mental)? No Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

| 0 = Not True (as far as you know) | | | 1 = Somewhat or Sometimes True | 2 = Very True or Often True | | | |
|-----------------------------------|---|---|---|-----------------------------|---|---|---|
| 0 | 1 | 2 | 1. Acts too young for his/her age | 0 | 1 | 2 | 32. Feels he/she has to be perfect |
| 0 | 1 | 2 | 2. Drinks alcohol without parents' approval (describe): _____ | 0 | 1 | 2 | 33. Feels or complains that no one loves him/her |
| 0 | 1 | 2 | 3. Argues a lot | 0 | 1 | 2 | 34. Feels others are out to get him/her |
| 0 | 1 | 2 | 4. Fails to finish things he/she starts | 0 | 1 | 2 | 35. Feels worthless or inferior |
| 0 | 1 | 2 | 5. There is very little he/she enjoys | 0 | 1 | 2 | 36. Gets hurt a lot, accident-prone |
| 0 | 1 | 2 | 6. Bowel movements outside toilet | 0 | 1 | 2 | 37. Gets in many fights |
| 0 | 1 | 2 | 7. Bragging, boasting | 0 | 1 | 2 | 38. Gets teased a lot |
| 0 | 1 | 2 | 8. Can't concentrate, can't pay attention for long | 0 | 1 | 2 | 39. Hangs around with others who get in trouble |
| 0 | 1 | 2 | 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____ | 0 | 1 | 2 | 40. Hears sound or voices that aren't there (describe): _____ |
| 0 | 1 | 2 | 10. Can't sit still, restless, or hyperactive | 0 | 1 | 2 | 41. Impulsive or acts without thinking |
| 0 | 1 | 2 | 11. Clings to adults or too dependent | 0 | 1 | 2 | 42. Would rather be alone than with others |
| 0 | 1 | 2 | 12. Complains of loneliness | 0 | 1 | 2 | 43. Lying or cheating |
| 0 | 1 | 2 | 13. Confused or seems to be in a fog | 0 | 1 | 2 | 44. Bites fingernails |
| 0 | 1 | 2 | 14. Cries a lot | 0 | 1 | 2 | 45. Nervous, highstrung, or tense |
| 0 | 1 | 2 | 15. Cruel to animals | 0 | 1 | 2 | 46. Nervous movements or twitching (describe): _____ |
| 0 | 1 | 2 | 16. Cruelty, bullying, or meanness to others | 0 | 1 | 2 | 47. Nightmares |
| 0 | 1 | 2 | 17. Daydreams or gets lost in his/her thoughts | 0 | 1 | 2 | 48. Not liked by other kids |
| 0 | 1 | 2 | 18. Deliberately harms self or attempts suicide | 0 | 1 | 2 | 49. Constipated, doesn't move bowels |
| 0 | 1 | 2 | 19. Demands a lot of attention | 0 | 1 | 2 | 50. Too fearful or anxious |
| 0 | 1 | 2 | 20. Destroys his/her own things | 0 | 1 | 2 | 51. Feels dizzy or lightheaded |
| 0 | 1 | 2 | 21. Destroys things belonging to his/her family or others | 0 | 1 | 2 | 52. Feels too guilty |
| 0 | 1 | 2 | 22. Disobedient at home | 0 | 1 | 2 | 53. Overeating |
| 0 | 1 | 2 | 23. Disobedient at school | 0 | 1 | 2 | 54. Overtired without good reason |
| 0 | 1 | 2 | 24. Doesn't eat well | 0 | 1 | 2 | 55. Overweight |
| 0 | 1 | 2 | 25. Doesn't get along with other kids | | | | 56. Physical problems without known medical cause: |
| 0 | 1 | 2 | 26. Doesn't seem to feel guilty after misbehaving | 0 | 1 | 2 | a. Aches or pains (not stomach or headaches) |
| 0 | 1 | 2 | 27. Easily jealous | 0 | 1 | 2 | b. Headaches |
| 0 | 1 | 2 | 28. Breaks rules at home, school, or elsewhere | 0 | 1 | 2 | c. Nausea, feels sick |
| 0 | 1 | 2 | 29. Fears certain animals, situations, or places, other than school (describe): _____ | 0 | 1 | 2 | d. Problems with eyes (not if corrected by glasses) (describe): _____ |
| 0 | 1 | 2 | 30. Fears going to school | 0 | 1 | 2 | e. Rashes or other skin problems |
| 0 | 1 | 2 | 31. Fears he/she might think or do something bad | 0 | 1 | 2 | f. Stomachaches |
| | | | | 0 | 1 | 2 | g. Vomiting, throwing up |
| | | | | 0 | 1 | 2 | h. Other (describe): _____ |

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body
(describe): _____

- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over;
compulsions (describe): _____

- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____

- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or
night (describe): _____

- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need
(describe): _____

- 0 1 2 84. Strange behavior (describe): _____

- 0 1 2 85. Strange ideas (describe): _____

- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): _____

- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't*
include alcohol or tobacco) (describe): _____

- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
113. Please write in any problems your child has that
were not listed above:
- 0 1 2 _____
- 0 1 2 _____
- 0 1 2 _____