

# CHILD BEHAVIOR CHECKLIST FOR AGES 4-18

For office use only  
ID # \_\_\_\_\_

**Please Print**

CHILD'S FULL NAME	FIRST	MIDDLE	LAST
SEX	AGE		ETHNIC GROUP OR RACE
<input type="checkbox"/> Boy <input type="checkbox"/> Girl			
TODAY'S DATE		CHILD'S BIRTHDATE	
Mo. _____ Date _____ Yr. _____		Mo. _____ Date _____ Yr. _____	
GRADE IN SCHOOL	Please fill out this form to reflect <i>your</i> 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 spaces provided on page 2.		
NOT ATTENDING SCHOOL <input type="checkbox"/>			

**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: \_\_\_\_\_

Mother (full name) \_\_\_\_\_

Father (full name) \_\_\_\_\_

Other—full name & relationship to child: \_\_\_\_\_

**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

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<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, singing, etc. (Do *not* include listening to radio or TV.)

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<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

	Compared to others of the same age, how active is he/she in each?			
	Don't Know	Less Active	Average	More Active
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<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

	Compared to others of the same age, how well does he/she carry them out?			
	Don't Know	Below Average	Average	Above Average
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. 1. About how many close friends does your child have?  None  1  2 or 3  4 or more  
(Do not include brothers & sisters)

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	About 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. For ages 6 and older—performance in academic subjects.  Does not attend school because \_\_\_\_\_

Check a box for each subject that child takes

	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"/>

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

2. Does your child receive special 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 youth. 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.

Please Print

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 | 31. | Fears he/she might think or do something bad                               |
| 0 | 1 | 2 | 2.  | Allergy (describe): _____   | 0 | 1 | 2 | 32. | Feels he/she has to be perfect   |
|   |   |   |     | _____   | 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.  | Asthma  | 0 | 1 | 2 | 35. | Feels worthless or inferior  |
| 0 | 1 | 2 | 5.  | Behaves like opposite sex   | 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 sounds 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 | 17. | Day-dreams or gets lost in his/her thoughts   | 0 | 1 | 2 | 47. | Nightmares   |
| 0 | 1 | 2 | 18. | Deliberately harms self or attempts suicide   | 0 | 1 | 2 | 48. | Not liked by other kids  |
| 0 | 1 | 2 | 19. | Demands a lot of attention  | 0 | 1 | 2 | 49. | Constipated, doesn't move bowels   |
| 0 | 1 | 2 | 20. | Destroys his/her own things   | 0 | 1 | 2 | 50. | Too fearful or anxious   |
| 0 | 1 | 2 | 21. | Destroys things belonging to his/her family or others                                   | 0 | 1 | 2 | 51. | Feels dizzy  |
| 0 | 1 | 2 | 22. | Disobedient at home   | 0 | 1 | 2 | 52. | Feels too guilty   |
| 0 | 1 | 2 | 23. | Disobedient at school   | 0 | 1 | 2 | 53. | Overeating   |
| 0 | 1 | 2 | 24. | Doesn't eat well  | 0 | 1 | 2 | 54. | Overtired  |
| 0 | 1 | 2 | 25. | Doesn't get along with other kids   | 0 | 1 | 2 | 55. | Overweight   |
| 0 | 1 | 2 | 26. | Doesn't seem to feel guilty after misbehaving   |   |   |   | 56. | Physical problems <b>without known medical cause</b> :                     |
| 0 | 1 | 2 | 27. | Easily jealous  | 0 | 1 | 2 | a.  | Aches or pains ( <b>not</b> stomach or headaches)                          |
| 0 | 1 | 2 | 28. | Eats or drinks things that are not food — <b>don't</b> include sweets (describe): _____ | 0 | 1 | 2 | b.  | Headaches  |
|   |   |   |     | _____   | 0 | 1 | 2 | c.  | Nausea, feels sick   |
|   |   |   |     |   | 0 | 1 | 2 | d.  | Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____ |
| 0 | 1 | 2 | 29. | Fears certain animals, situations, or places, other than school (describe): _____       | 0 | 1 | 2 | e.  | Rashes or other skin problems  |
|   |   |   |     | _____   | 0 | 1 | 2 | f.  | Stomachaches or cramps   |
|   |   |   |     |   | 0 | 1 | 2 | g.  | Vomiting, throwing up  |
| 0 | 1 | 2 | 30. | Fears going to school   | 0 | 1 | 2 | h.  | Other (describe): _____  |

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. 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. Smears or plays with bowel movements
- 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 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. Too concerned with neatness or cleanliness
- 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 alcohol or drugs for nonmedical purposes (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 \_\_\_\_\_

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS

UNDERLINE ANY YOU ARE CONCERNED ABOUT