



# Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only  
ID #

CHILD'S FIRST Middle Last

GENDER ☐ Boy ☐ Girl

CHILD'S AGE

CHILD'S ETHNIC GROUP OR RACE

DAY'S DATE \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_

CHILD'S BIRTHDATE Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_

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) \_\_\_\_\_

GRADE \_\_\_\_\_

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.

Your gender: ☐ Male ☐ Female

Your relation to the child:

☐ Biological Parent ☐ Step Parent ☐ Grandparent

☐ Adoptive Parent ☐ Foster Parent ☐ Other (specify) \_\_\_\_\_

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

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

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

Below Average Average Above Average Don't Know

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, 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

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

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

Below Average Average Above Average Don't Know

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

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



**Please print your answers. 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**

- |   |   |                                                                                 |
|---|---|---------------------------------------------------------------------------------|
| 1 | 2 | 55. Plays with own sex parts too much                                           |
| 1 | 2 | 56. Poorly coordinated or clumsy                                                |
| 1 | 2 | 57. Problems with eyes (without medical cause)<br>(describe): _____             |
| 1 | 2 | 58. Punishment doesn't change his/her behavior                                  |
| 1 | 2 | 59. Quickly shifts from one activity to another                                 |
| 1 | 2 | 60. Rashes or other skin problems (without<br>medical cause)                    |
| 1 | 2 | 61. Refuses to eat                                                              |
| 1 | 2 | 62. Refuses to play active games                                                |
| 1 | 2 | 63. Repeatedly rocks head or body                                               |
| 1 | 2 | 64. Resists going to bed at night                                               |
| 1 | 2 | 65. Resists toilet training (describe): _____                                   |
| 1 | 2 | 66. Screams a lot                                                               |
| 1 | 2 | 67. Seems unresponsive to affection                                             |
| 1 | 2 | 68. Self-conscious or easily embarrassed                                        |
| 1 | 2 | 69. Selfish or won't share                                                      |
| 1 | 2 | 70. Shows little affection toward people                                        |
| 1 | 2 | 71. Shows little interest in things around him/her                              |
| 1 | 2 | 72. Shows too little fear of getting hurt                                       |
| 1 | 2 | 73. Too shy or timid                                                            |
| 1 | 2 | 74. Sleeps less than most children during day<br>and/or night (describe): _____ |
| 1 | 2 | 75. Smears or plays with bowel movements                                        |
| 1 | 2 | 76. Speech problem (describe): _____                                            |
| 1 | 2 | 77. Stares into space or seems preoccupied                                      |
| 1 | 2 | 78. Stomachaches or cramps (without medical<br>cause)                           |

- |   |   |   |                                                                                                           |
|---|---|---|-----------------------------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 79. Rapid shifts between sadness and<br>excitement                                                        |
| 0 | 1 | 2 | 80. Strange behavior (describe): _____                                                                    |
| 0 | 1 | 2 | 81. Stubborn, sullen, or irritable                                                                        |
| 0 | 1 | 2 | 82. Sudden changes in mood or feelings                                                                    |
| 0 | 1 | 2 | 83. Sulks a lot                                                                                           |
| 0 | 1 | 2 | 84. Talks or cries out in sleep                                                                           |
| 0 | 1 | 2 | 85. Temper tantrums or hot temper                                                                         |
| 0 | 1 | 2 | 86. Too concerned with neatness or cleanliness                                                            |
| 0 | 1 | 2 | 87. Too fearful or anxious                                                                                |
| 0 | 1 | 2 | 88. Uncooperative                                                                                         |
| 0 | 1 | 2 | 89. Underactive, slow moving, or lacks energy                                                             |
| 0 | 1 | 2 | 90. Unhappy, sad, or depressed                                                                            |
| 0 | 1 | 2 | 91. Unusually loud                                                                                        |
| 0 | 1 | 2 | 92. Upset by new people or situations<br>(describe): _____                                                |
| 0 | 1 | 2 | 93. Vomiting, throwing up (without medical cause)                                                         |
| 0 | 1 | 2 | 94. Wakes up often at night                                                                               |
| 0 | 1 | 2 | 95. Wanders away                                                                                          |
| 0 | 1 | 2 | 96. Wants a lot of attention                                                                              |
| 0 | 1 | 2 | 97. Whining                                                                                               |
| 0 | 1 | 2 | 98. Withdrawn, doesn't get involved with others                                                           |
| 0 | 1 | 2 | 99. Worries                                                                                               |
| 0 | 1 | 2 | 100. Please write in any problems the child has<br>that were not listed above.<br>_____<br>_____<br>_____ |

*Please be sure you have answered all items.*

*Underline any you are concerned about.*

Does the child have any illness or disability (either physical or mental)? ☐ No ☐ Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child:



Now 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 only to your child.

2 = Very True or Often True

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