

Appendix E.11 Child Behavior Checklist

Form Approved

OMB NO. _____

Exp. Date _____

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Please print. Be sure to answer all items.

CHILD BEHAVIOR CHECKLIST FOR AGES 1½ - 5

For office use only
ID # _____

CHILD'S FULL NAME	First _____ Middle _____ Last _____
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE _____
CHILD'S ETHNIC GROUP OR RACE _____	
TODAY'S DATE Mo. _____ 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) _____

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

Your relationship to child:
 Mother Father Other (specify): _____

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

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

- 0 1 2 1. Aches or pains (without medical cause; do not include stomach or headaches)
- 0 1 2 2. Acts too young for age
- 0 1 2 3. Afraid to try new things
- 0 1 2 4. Avoids looking others in the eye
- 0 1 2 5. Can't concentrate, can't pay attention for long
- 0 1 2 6. Can't sit still, restless, or hyperactive
- 0 1 2 7. Can't stand having things out of place
- 0 1 2 8. Can't stand waiting; wants everything now
- 0 1 2 9. Chews on things that aren't edible
- 0 1 2 10. Clings to adults or too dependent
- 0 1 2 11. Constantly seeks help
- 0 1 2 12. Constipated, doesn't move bowels (when not sick)
- 0 1 2 13. Cries a lot
- 0 1 2 14. Cruel to animals
- 0 1 2 15. Defiant
- 0 1 2 16. Demands must be met immediately
- 0 1 2 17. Destroys his/her own things
- 0 1 2 18. Destroys things belonging to his/her family or other children
- 0 1 2 19. Diarrhea or loose bowels (when not sick)
- 0 1 2 20. Disobedient
- 0 1 2 21. Disturbed by any change in routine
- 0 1 2 22. Doesn't want to sleep alone
- 0 1 2 23. Doesn't answer when people talk to him/her
- 0 1 2 24. Doesn't eat well (describe): _____
- 0 1 2 25. Doesn't get along with other children
- 0 1 2 26. Doesn't know how to have fun; acts like a little adult
- 0 1 2 27. Doesn't seem to feel guilty after misbehaving
- 0 1 2 28. Doesn't want to go out of home
- 0 1 2 29. Easily frustrated

- 0 1 2 30. Easily jealous
- 0 1 2 31. Eats or drinks things that are not food—*don't* include sweets (describe): _____
- 0 1 2 32. Fears certain animals, situations, or places (describe): _____
- 0 1 2 33. Feelings are easily hurt
- 0 1 2 34. Gets hurt a lot, accident-prone
- 0 1 2 35. Gets in many fights
- 0 1 2 36. Gets into everything
- 0 1 2 37. Gets too upset when separated from parents
- 0 1 2 38. Has trouble getting to sleep
- 0 1 2 39. Headaches (without medical cause)
- 0 1 2 40. Hits others
- 0 1 2 41. Holds his/her breath
- 0 1 2 42. Hurts animals or people without meaning to
- 0 1 2 43. Looks unhappy without good reason
- 0 1 2 44. Angry moods
- 0 1 2 45. Nausea, feels sick (without medical cause)
- 0 1 2 46. Nervous movements or twitching (describe): _____
- 0 1 2 47. Nervous, highstrung, or tense
- 0 1 2 48. Nightmares
- 0 1 2 49. Overeating
- 0 1 2 50. Overtired
- 0 1 2 51. Shows panic for no good reason
- 0 1 2 52. Painful bowel movements (without medical cause)
- 0 1 2 53. Physically attacks people
- 0 1 2 54. Picks nose, skin, or other parts of body (describe): _____

Be sure you have 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

- 0 1 2 55. Plays with own sex parts too much
- 0 1 2 56. Poorly coordinated or clumsy
- 0 1 2 57. Problems with eyes (without medical cause) (describe): _____
- 0 1 2 58. Punishment doesn't change his/her behavior
- 0 1 2 59. Quickly shifts from one activity to another
- 0 1 2 60. Rashes or other skin problems (without medical cause)
- 0 1 2 61. Refuses to eat
- 0 1 2 62. Refuses to play active games
- 0 1 2 63. Repeatedly rocks head or body
- 0 1 2 64. Resists going to bed at night
- 0 1 2 65. Resists toilet training (describe): _____
- 0 1 2 66. Screams a lot
- 0 1 2 67. Seems unresponsive to affection
- 0 1 2 68. Self-conscious or easily embarrassed
- 0 1 2 69. Selfish or won't share
- 0 1 2 70. Shows little affection toward people
- 0 1 2 71. Shows little interest in things around him/her
- 0 1 2 72. Shows too little fear of getting hurt
- 0 1 2 73. Too shy or timid
- 0 1 2 74. Sleeps less than most children during day and/or night (describe): _____
- 0 1 2 75. Smears or plays with bowel movements
- 0 1 2 76. Speech problem (describe): _____
- 0 1 2 77. Stares into space or seems preoccupied
- 0 1 2 78. Stomachaches or cramps (without medical cause)

- 0 1 2 79. Rapid shifts between sadness and 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 (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
- 100. Please write in any problems the child has that were not listed above.

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:

LANGUAGE DEVELOPMENT SURVEY FOR AGES 18-35 MONTHS

For office use only
ID#

The Language Development Survey assesses children's word combinations and vocabulary. By carefully completing the Language Development Survey, you can help us obtain an accurate picture of your child's developing language. *Please print your answers. Be sure to answer all items.*

I. Was your child born earlier than the usual 9 months after conception?

No Yes—how many weeks early? _____ weeks early.

II. How much did your child weigh at birth? _____ pounds _____ ounces or _____ grams.

III. How many ear infections did your child have before age 24 months?

0-2 3-5 6-8 9 or more

IV. Is any language beside English spoken in your home?

No Yes—please list the languages: _____

V. Has anyone in your family been slow in learning to talk?

No Yes—please list their relationships to your child; for example, brother, father:

VI. Are you worried about your child's language development?

No Yes—why? _____

VII. Does your child spontaneously say words in any language? (not just imitates or understands words)?

No Yes—if yes, please complete item VIII and page 4.

VIII. Does your child combine 2 or more words into phrases? For example: "more cookie," "car bye-bye."

No Yes—please print 5 of your child's longest and best phrases or sentences.

For each phrase that is not in English, print the name of the language.

1. _____
2. _____
3. _____
4. _____
5. _____

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

Please circle each word that your child says SPONTANEOUSLY (not just imitates or understands). If your child says non-English versions of words on the list, circle the English word and write the first letter of the language (e.g., S for Spanish). Please include words even if they are not pronounced clearly or are in "baby talk" (for example: "baba" for bottle).

FOODS	ANIMALS	ACTIONS	HOUSEHOLD	MODIFIERS	OTHER
1. apple	55. bear	107. bath	163. bathtub	216. all gone	264. any letter
2. banana	56. bee	108. breakfast	164. bed	217. all right	265. away
3. bread	57. bird	109. bring	165. blanket	218. bad	266. booboo
4. butter	58. bug	110. catch	166. bottle	219. big	267. byebye
5. cake	59. bunny	111. clap	167. bowl	220. black	268. excuse me
6. candy	60. cat	112. close	168. chair	221. blue	269. here
7. cereal	61. chicken	113. come	169. clock	222. broken	270. hi, hello
8. cheese	62. cow	114. cough	170. crib	223. clean	271. in
9. coffee	63. dog	115. cut	171. cup	224. cold	272. me
10. cookie	64. duck	116. dance	172. door	225. dark	273. meow
11. crackers	65. elephant	117. dinner	173. floor	226. dirty	274. my
12. drink	66. fish	118. doodoo	174. fork	227. dry	275. myself
13. egg	67. frog	119. down	175. glass	228. good	276. nightnight
14. food	68. horse	120. eat	176. knife	229. happy	277. no
15. grapes	69. monkey	121. feed	177. light	230. heavy	278. off
16. gum	70. pig	122. finish	178. mirror	231. hot	279. on
17. hamburger	71. puppy	123. fix	179. pillow	232. hungry	280. out
18. hotdog	72. snake	124. get	180. plate	233. little	281. please
19. ice cream	73. tiger	125. give	181. potty	234. mine	282. Sesame St.
20. juice	74. turkey	126. go	182. radio	235. more	283. shut up
21. meat	75. turtle	127. have	183. room	236. nice	284. thank you
22. milk		128. help	184. sink	237. pretty	285. there
23. orange	BODY PARTS	129. hit	185. soap	238. red	286. under
24. pizza	76. arm	130. hug	186. spoon	239. stinky	287. welcome
25. pretzel	77. belly button	131. jump	187. stairs	240. that	288. what
26. raisins	78. bottom	132. kick	188. table	241. this	289. where
27. soda	79. chin	133. kiss	189. telephone	242. tired	290. why
28. soup	80. ear	134. knock	190. towel	243. wet	291. woofwoof
29. spaghetti	81. elbow	135. look	191. trash	244. white	292. yes
30. tea	82. eye	136. love	192. T.V.	245. yellow	293. you
31. toast	83. face	137. lunch	193. window	246. yucky	294. yumyum
32. water	84. finger	138. make			295. any number
	85. foot	139. nap	PERSONAL	CLOTHES	PEOPLE
TOYS	86. hair	140. open	194. brush	247. belt	296. aunt
33. ball	87. hand	141. outside	195. comb	248. boots	297. baby
34. balloon	88. knee	142. patty cake	196. glasses	249. coat	298. boy
35. blocks	89. leg	143. peekaboo	197. key	250. diaper	299. daddy
36. book	90. mouth	144. peepee	198. money	251. dress	300. doctor
37. crayons	91. neck	145. push	199. paper	252. gloves	301. girl
38. doll	92. nose	146. read	200. pen	253. hat	302. grandma
39. picture	93. teeth	147. ride	201. pencil	254. jacket	303. grandpa
40. present	94. thumb	148. run	202. penny	255. mittens	304. lady
41. slide	95. toe	149. see	203. pocketbook	256. pajamas	305. man
42. swing	96. tummy	150. show	204. tissue	257. pants	306. mommy
43. teddy bear		151. shut	205. tooth brush	258. shirt	307. own name
	VEHICLES	152. sing	206. umbrella	259. shoes	308. pet name
OUTDOORS	97. bike	153. sit	207. watch	260. slippers	309. uncle
44. flower	98. boat	154. sleep		261. sneakers	310. name of TV
45. house	99. bus	155. stop	PLACES	262. socks	or story
46. moon	100. car	156. take	208. church	263. sweater	character
47. rain	101. motorcycle	157. throw	209. home		
48. sidewalk	102. plane	158. tickle	210. hospital		
49. sky	103. stroller	159. up	211. library		
50. snow	104. train	160. walk	212. park		
51. star	105. trolley	161. want	213. school		
52. street	106. truck	162. wash	214. store		
53. sun			215. zoo		
54. tree					

Other words your child says, including non-English words:
