



Please print.

# CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5

For office use only  
ID #

CHILD'S FULL NAME First Middle Last			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.
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE	
TODAY'S DATE Mo. Day Year		CHILD'S BIRTHDATE Mo. Day Year	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 <i>your</i> 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. <b>Be sure to answer all items.</b>			Your relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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; <b>do not</b> include stomach or headaches)	0	1	2	30. Easily jealous	
0	1	2	2. Acts too young for age	0	1	2	31. Eats or drinks things that are not food— <b>don't</b> include sweets (describe): _____	
0	1	2	3. Afraid to try new things	0	1	2	32. Fears certain animals, situations, or places (describe): _____	
0	1	2	4. Avoids looking others in the eye	0	1	2	33. Feelings are easily hurt	
0	1	2	5. Can't concentrate, can't pay attention for long	0	1	2	34. Gets hurt a lot, accident-prone	
0	1	2	6. Can't sit still, restless, or hyperactive	0	1	2	35. Gets in many fights	
0	1	2	7. Can't stand having things out of place	0	1	2	36. Gets into everything	
0	1	2	8. Can't stand waiting; wants everything now	0	1	2	37. Gets too upset when separated from parents	
0	1	2	9. Chews on things that aren't edible	0	1	2	38. Has trouble getting to sleep	
0	1	2	10. Clings to adults or too dependent	0	1	2	39. Headaches (without medical cause)	
0	1	2	11. Constantly seeks help	0	1	2	40. Hits others	
0	1	2	12. Constipated, doesn't move bowels (when not sick)	0	1	2	41. Holds his/her breath	
0	1	2	13. Cries a lot	0	1	2	42. Hurts animals or people without meaning to	
0	1	2	14. Cruel to animals	0	1	2	43. Looks unhappy without good reason	
0	1	2	15. Defiant	0	1	2	44. Angry moods	
0	1	2	16. Demands must be met immediately	0	1	2	45. Nausea, feels sick (without medical cause)	
0	1	2	17. Destroys his/her own things	0	1	2	46. Nervous movements or twitching (describe): _____	
0	1	2	18. Destroys things belonging to his/her family or other children	0	1	2	47. Nervous, highstrung, or tense	
0	1	2	19. Diarrhea or loose bowels (when not sick)	0	1	2	48. Nightmares	
0	1	2	20. Disobedient	0	1	2	49. Overeating	
0	1	2	21. Disturbed by any change in routine	0	1	2	50. Overtired	
0	1	2	22. Doesn't want to sleep alone	0	1	2	51. Shows panic for no good reason	
0	1	2	23. Doesn't answer when people talk to him/her	0	1	2	52. Painful bowel movements (without medical cause)	
0	1	2	24. Doesn't eat well (describe): _____	0	1	2	53. Physically attacks people	
0	1	2	25. Doesn't get along with other children	0	1	2	54. Picks nose, skin, or other parts of body (describe): _____	
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					

**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

- 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 kids 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
- 0 1 2 100. Please write in any problems the 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.

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: