



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 _____
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. Be sure to answer all items.			THIS FORM FILLED OUT BY: (print your full name) _____ 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; do not 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— don't 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: