



Please print.

CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5

For office use only
ID #

CHILD'S FULL NAME First Middle Last

CHILD'S GENDER: Boy Girl
CHILD'S AGE
CHILD'S ETHNIC GROUP OR RACE

TODAY'S DATE: Mo. Day Year
CHILD'S BIRTHDATE: Mo. Day Year

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.**

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)

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 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: