



Please print.

# CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5

For office use only  
ID # \_\_\_\_\_

CHILD'S FULL NAME	First _____	Middle _____	Last _____	<b>PARENTS' USUAL TYPE OF WORK, even if not working now.</b> 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 _____  <b>THIS FORM FILLED OUT BY: (print your full name)</b> _____  Your relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____
CHILD'S GENDER	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE		
<input type="checkbox"/> Boy <input type="checkbox"/> Girl				
TODAY'S DATE	CHILD'S BIRTHDATE			
Mo. _____ Day _____ Year _____	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.**

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	0 1 2	0 1 2	0 1 2	1. Aches or pains (without medical cause; <b>do not</b> include stomach or headaches)
0 1 2	0 1 2	0 1 2	0 1 2	2. Acts too young for age
0 1 2	0 1 2	0 1 2	0 1 2	3. Afraid to try new things
0 1 2	0 1 2	0 1 2	0 1 2	4. Avoids looking others in the eye
0 1 2	0 1 2	0 1 2	0 1 2	5. Can't concentrate, can't pay attention for long
0 1 2	0 1 2	0 1 2	0 1 2	6. Can't sit still, restless, or hyperactive
0 1 2	0 1 2	0 1 2	0 1 2	7. Can't stand having things out of place
0 1 2	0 1 2	0 1 2	0 1 2	8. Can't stand waiting; wants everything now
0 1 2	0 1 2	0 1 2	0 1 2	9. Chews on things that aren't edible
0 1 2	0 1 2	0 1 2	0 1 2	10. Clings to adults or too dependent
0 1 2	0 1 2	0 1 2	0 1 2	11. Constantly seeks help
0 1 2	0 1 2	0 1 2	0 1 2	12. Constipated, doesn't move bowels (when not sick)
0 1 2	0 1 2	0 1 2	0 1 2	13. Cries a lot
0 1 2	0 1 2	0 1 2	0 1 2	14. Cruel to animals
0 1 2	0 1 2	0 1 2	0 1 2	15. Defiant
0 1 2	0 1 2	0 1 2	0 1 2	16. Demands must be met immediately
0 1 2	0 1 2	0 1 2	0 1 2	17. Destroys his/her own things
0 1 2	0 1 2	0 1 2	0 1 2	18. Destroys things belonging to his/her family or other children
0 1 2	0 1 2	0 1 2	0 1 2	19. Diarrhea or loose bowels (when not sick)
0 1 2	0 1 2	0 1 2	0 1 2	20. Disobedient
0 1 2	0 1 2	0 1 2	0 1 2	21. Disturbed by any change in routine
0 1 2	0 1 2	0 1 2	0 1 2	22. Doesn't want to sleep alone
0 1 2	0 1 2	0 1 2	0 1 2	23. Doesn't answer when people talk to him/her
0 1 2	0 1 2	0 1 2	0 1 2	24. Doesn't eat well (describe): _____
0 1 2	0 1 2	0 1 2	0 1 2	25. Doesn't get along with other children
0 1 2	0 1 2	0 1 2	0 1 2	26. Doesn't know how to have fun; acts like a little adult
0 1 2	0 1 2	0 1 2	0 1 2	27. Doesn't seem to feel guilty after misbehaving
0 1 2	0 1 2	0 1 2	0 1 2	28. Doesn't want to go out of home
0 1 2	0 1 2	0 1 2	0 1 2	29. Easily frustrated
			0 1 2	30. Easily jealous
			0 1 2	31. Eats or drinks things that are not food— <b>don't</b> 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: