



Please print

# CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

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. \_\_\_ Date \_\_\_ Yr. \_\_\_

CHILD'S BIRTHDATE  
Mo. \_\_\_ Date \_\_\_ Yr. \_\_\_

GRADE IN SCHOOL \_\_\_\_\_  
NOT ATTENDING SCHOOL

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print 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 gender:  Male  Female  
Your relation to the child:  
 Biological Parent  Step Parent  Grandparent  
 Adoptive Parent  Foster Parent  Other (specify) \_\_\_\_\_

**I. Please list the sports your child most likes to take part in.** For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average	Average	More Than Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of the same age, how well does he/she do each one?

Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Please list your child's favorite hobbies, activities, and games, other than sports.** For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio or TV.)

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average	Average	More Than Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of the same age, how well does he/she do each one?

Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. Please list any organizations, clubs, teams, or groups your child belongs to.**

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of the same age, how active is he/she in each?

Less Active	Average	More Active	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. Please list any jobs or chores your child has.** For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of the same age, how well does he/she carry them out?

Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

V. 1. About how many close friends does your child have? (Do not include brothers & sisters)

- None     1     2 or 3     4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?

(Do not include brothers & sisters)

- Less than 1     1 or 2     3 or more

VI. Compared to others of his/her age, how well does your child:

- |   | Worse                    | Average                  | Better                   |   |
|---|--------------------------|--------------------------|--------------------------|---|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| c. Behave with his/her parents?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| d. Play and work alone?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

VII. 1. Performance in academic subjects.

Does not attend school because \_\_\_\_\_

Check a box for each subject that child takes

Other academic subjects—for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

- |                                       | Failing                  | Below Average            | Average                  | Above Average            |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading, English, or Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. _____                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. _____                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. _____                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Does your child receive special education or remedial services or attend a special class or special school?

- No     Yes—kind of services, class, or school:

3. Has your child repeated any grades?  No     Yes—grades and reasons:

4. Has your child had any academic or other problems in school?  No     Yes—please describe:

When did these problems start? \_\_\_\_\_

Have these problems ended?  No     Yes—when?

Does your child have any illness or disability (either physical or mental)?  No     Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True	2 = Very True or Often True			
0	1	2	1. Acts too young for his/her age	0	1	2	32. Feels he/she has to be perfect
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sounds or voices that aren't there (describe): _____
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty
0	1	2	22. Disobedient at home	0	1	2	53. Overeating
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight
0	1	2	25. Doesn't get along with other kids				56. Physical problems <b>without known medical cause:</b>
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains ( <b>not</b> stomach or headaches)
0	1	2	27. Easily jealous	0	1	2	b. Headaches
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems
0	1	2	31. Fears he/she might think or do something bad	0	1	2	f. Stomachaches
				0	1	2	g. Vomiting, throwing up
				0	1	2	h. Other (describe): _____

Please print. 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 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body  
(describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over;  
compulsions (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or  
night (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need  
(describe): \_\_\_\_\_  
\_\_\_\_\_

- 0 1 2 84. Strange behavior (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 85. Strange ideas (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't*  
include alcohol or tobacco) (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
113. Please write in any problems your child has that  
were not listed above:  
0 1 2 \_\_\_\_\_  
0 1 2 \_\_\_\_\_  
0 1 2 \_\_\_\_\_