

Child Behavior Checklist for Ages 4-18

Today's Date: _____

Child's name _____	/ /	Age _____
Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sex	Ethnic Group	Attending School
		Grade _____

Please fill out this form to reflect your view of yours/your child's behavior, even if other people might not agree. Feel free to write additional comments beside each item and in the spaces provided on page 2.

<p>1. Please list the sports you/your child most likes to take part in. (For example, swimming, biking, baseball, skate boarding, etc.)</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) None</p>	<p>Compared to others of the same age, about how much time is spent on each sport? (See rating key below.)</p> <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	<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"/>	<p>Compared to others of the same age, how well is each one done? (See rating key below.)</p> <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	<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"/>
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<p>2. Please list your/your child's favorite hobbies, activities, and games, other than sports. (For example, stamps, dolls, books, music, crafts, etc. Do not include listening to the radio or TV.)</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) None</p>	<p>Compared to others of the same age, about how much time is spent on each activity?</p> <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	<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"/>	<p>Compared to others of the same age, how well is each one done?</p> <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	<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"/>
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<p>3. Please list any organizations, clubs, teams, or groups you/your child belongs to.</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) None</p>	<p>Compared to others of the same age, about how much time is spent on each activity?</p> <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	<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"/>																	
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<p>4. Please list any jobs or chores you/your child has. (For example, paper route, babysitting, retail, etc.) (Include both paid and unpaid jobs/chores)</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) None</p>	<p>Compared to others of the same age, about well is each carried out?</p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>a)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p>5. a) About how many close friends do you/your child have? (Do not include brothers or sisters)</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>1</td> <td>2-3</td> <td>4 or more</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1	2-3	4 or more	<p>b) About how many times a week do you/your child do things with any friends outside of regular school hours? (Do not include brothers or sisters)</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>1</td> <td>2-3</td> <td>4 or more</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1	2-3	4 or more	<p>Comments:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>									
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<p>6. Compared to others of similar age, how well do you/your child:</p> <p>a) Get along with siblings?</p> <p>b) Get along with other kids?</p> <p>c) Behave with parents?</p> <p>d) Play and work by alone?</p> <p>e) Has no siblings.</p>	<table style="width: 100%; text-align: center;"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>a)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3	4	a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p>7. For ages 6 and older – performance in academic subjects. If child is not being taught, please give reason</p> <p>_____</p> <p>a) Reading, English, Language Arts</p> <p>b) History or Social Studies</p> <p>c) Math</p> <p>d) Science</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Falling Below</td> <td style="width: 50%; text-align: center;">Below Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Falling Below	Below Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Average</td> <td style="width: 50%; text-align: center;">Above Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Average	Above Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>8. Other academic subjects (For example, computers, business, and foreign languages. Do not include gym, shop, driver's ed., etc.)</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Falling Below</td> <td style="width: 50%; text-align: center;">Below Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Falling Below	Below Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Average</td> <td style="width: 50%; text-align: center;">Above Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Average	Above Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<p>9. Are you or is your child in a special class or special school?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – What kind?</p> <p>_____</p> <p>_____</p>	<p>10. Have you or has your child repeated a grade?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – What grade?</p> <p>_____</p> <p>_____</p>	<p>11. Have you or has your child had any academic or other problems in school?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please describe.</p> <p>_____</p> <p>When did these problems start?</p> <p>_____</p> <p>Have these problems ended?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – When?</p> <p>_____</p>																				

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Below is a list of items that describe children/youth. For each item that describes you/your child, now or within the past 6 months, please circle the appropriate number. (See rating key below) Please answer all items as well as you can, even if some do not apply or do not seem to apply.

Rating Key:

0 = Not True (as far as I know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

- | | | | |
|---|---|---|---|
| 1. Acts too young for his/her age | 0 | 1 | 2 |
| 2. Allergy (describe) _____ | 0 | 1 | 2 |
| 3. Argues a lot | 0 | 1 | 2 |
| 4. Asthma | 0 | 1 | 2 |
| 5. Behaves like opposite sex | 0 | 1 | 2 |
| 6. Bowel movements outside toilet | 0 | 1 | 2 |
| 7. Bragging, boasting | 0 | 1 | 2 |
| 8. Can't concentrate, can't pay attention for long | 0 | 1 | 2 |
| 9. Can't get his/her mind off certain thoughts;
obsessions (describe): _____ | 0 | 1 | 2 |
| <hr/> | | | |
| 10. Can't sit still, restless, hyperactive | 0 | 1 | 2 |
| 11. Clings to adults or too dependent | 0 | 1 | 2 |
| 12. Complains of loneliness | 0 | 1 | 2 |
| 13. Confused or seems to be in a fog | 0 | 1 | 2 |
| 14. Cries a lot | 0 | 1 | 2 |
| 15. Cruel to animals | 0 | 1 | 2 |
| 16. Cruelty, bullying, or meanness to others | 0 | 1 | 2 |
| 17. Daydreams or gets lost in his/her thoughts | 0 | 1 | 2 |
| 18. Deliberately harms self or attempts suicide | 0 | 1 | 2 |
| 19. Demands a lot of attention | 0 | 1 | 2 |
| 20. Destroys his/her own things | 0 | 1 | 2 |
| 21. Destroys things belonging to others | 0 | 1 | 2 |
| 22. Disobedient at home | 0 | 1 | 2 |
| 23. Disobedient at school | 0 | 1 | 2 |
| 24. Doesn't eat well | 0 | 1 | 2 |
| 25. Doesn't get along with other kids | 0 | 1 | 2 |
| 26. Doesn't seem to feel guilty after misbehaving | 0 | 1 | 2 |

4

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27. Easily jealous	0	1	2
28. Eats or drinks things that are not food – don't include sweets (describe) _____			
_____	0	1	2
29. Fears certain animals, situations or places, other than school (describe) _____			
_____	0	1	2
30. Fears going to school	0	1	2
31. Fears he/she might think or do something bad	0	1	2
32. Feels he/she has to be perfect	0	1	2
33. Feels or complains that no one loves him/her	0	1	2
34. Feels others are out to get him/her	0	1	2
35. Feels worthless or inferior	0	1	2
36. Gets hurt a lot, accident-prone	0	1	2
37. Gets in many fights	0	1	2
38. Gets teased a lot	0	1	2
39. Hangs around with others who get in trouble	0	1	2
40. Hears sounds or voices that aren't there (describe) _____			
_____	0	1	2
41. Impulsive or acts without thinking	0	1	2
42. Would rather be alone than with others	0	1	2
43. Lying or cheating	0	1	2
44. Bites fingernails	0	1	2
45. Nervous, high-strung or tense	0	1	2
46. Nervous movements or twitching (describe) _____			
_____	0	1	2
47. Nightmares	0	1	2
48. Not liked by other kids	0	1	2
49. Constipated, doesn't move bowels	0	1	2
50. Too fearful or anxious	0	1	2
51. Feels dizzy	0	1	2
52. Feels too guilty	0	1	2
53. Overeating	0	1	2
54. Overtired	0	1	2

5

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55. Overweight	0	1	2
56. Physical problems without known medical cause:			
a) aches	0	1	2
b) Headaches	0	1	2
c) Nausea, feels sick	0	1	2
d) Problems with eyes (describe) _____			
_____	0	1	2
e) Rashes or other skin problems	0	1	2
f) Stomachaches or cramps	0	1	2
g) Vomiting, throwing up	0	1	2
h) Other (describe) _____	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. Shy or timid	0	1	2

6

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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. Smears or plays with bowel movements	0	1	2
79. Speech problems (describes) _____	0	1	2
80. Stares blankly	0	1	2
81. Steals at home	0	1	2
82. Steals outside of home	0	1	2
83. Stores up 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. Too concerned with neatness or cleanliness	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, depressed	0	1	2
104. Unusually loud	0	1	2

Child Behavior Checklist for Ages 4-18

Today's Date: _____

105. Uses alcohol or drugs for non-medical purposes (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	0	1	2
113. Please write in any problems you/your child has that were not listed above:			
_____	0	1	2
_____	0	1	2
_____	0	1	2

Parents' information:

Parents' usual type of work, even if not working now. (Please be specific)

Father's type of work: _____

Mother's type of work: _____

This form filled out by:

Mother (name) _____ Phone _____

Father (name) _____ Phone _____

Other (name) _____ Phone _____

Relationship to you/child _____