

CHILD BEHAVIOR CHECKLIST

Child's Name: _____ Date: _____ Completed By: _____

Please circle **Y** = yes for behaviors that are a concern for your child, **S** = sometimes for behaviors that are sometimes a concern for your child and **N** = no for behaviors that are not a concern for your child.

ATTENTION

When symptoms began (date) _____

Careless mistakes	Y	S	N
Poor attention span	Y	S	N
Doesn't listen	Y	S	N
Doesn't finish tasks	Y	S	N
Problems organizing	Y	S	N
Avoids tasks requiring concentration	Y	S	N
Loses needed items	Y	S	N
Easily distracted	Y	S	N
Trouble remembering/forgetful	Y	S	N
Fidgets, squirms	Y	S	N
Leaves seat when required to sit	Y	S	N
On the go, seems driven	Y	S	N
Runs, climbs excessively/restless	Y	S	N
Talks all the time	Y	S	N
Problems waiting turn	Y	S	N
Interrupts	Y	S	N

MOOD

When symptoms began (date) _____

Weight changes/appetite changes	Y	S	N
Energy level changes	Y	S	N
Sleep disturbances	Y	S	N
Difficulty concentrating	Y	S	N
Crying spells	Y	S	N
Loss of interest/pleasure	Y	S	N
Hopeless feelings	Y	S	N
Guilty feelings	Y	S	N
Isolates self	Y	S	N
Low self-esteem/self-hate	Y	S	N
Gives things away	Y	S	N
Wishes to be dead	Y	S	N
Injures self	Y	S	N
Thinks about death/violence often	Y	S	N
Rage outbursts	Y	S	N
Bizarre behaviors, hallucinations	Y	S	N
Rapid, hard to follow speech/thoughts	Y	S	N
Thinks s/he is the smartest, best person in the world	Y	S	N

OPPOSITIONAL BEHAVIORS

When symptoms began (date) _____

Touchy, easily annoyed	Y	S	N
Argues	Y	S	N
Defiant	Y	S	N
Angry	Y	S	N
Tantrums	Y	S	N
Bothers others deliberately	Y	S	N
Spiteful/mean	Y	S	N
Blames others for own mistakes	Y	S	N

ANXIETY/WORRY

When symptoms began (date) _____

Worries something terrible will happen to self or important adults	Y	S	N
Frequently refuses or is reluctant to go somewhere fear of separation	Y	S	N
Avoids being alone	Y	S	N
Nightmares about separation	Y	S	N
Physical complaints about the time of separation transition	Y	S	N
Worries about parent(s) leaving	Y	S	N
Fearfulness of new situations, people or objects	Y	S	N
Engages in repeated behaviors (counting, cleaning organizing, hand washing, etc.)	Y	S	N
Excessive worry about everyday things	Y	S	N
Fear/excessive worry about social situations	Y	S	N

CONDUCT

When symptoms began (date) _____

Bullies/threatens others	Y	S	N
Starts fights	Y	S	N
Used a weapon	Y	S	N
Physically cruel to people/animals	Y	S	N
Forcibly stolen from victim	Y	S	N
Stolen without confronting victim	Y	S	N
Forces sexual activity	Y	S	N
Deliberately sets fires to cause damage	Y	S	N

Further comments about any of the above: _____

CHILD'S STRENGTHS:

In school setting: _____

In social setting: _____

In home setting: _____

Special Interests/Hobbies: _____