

CHILD BEHAVIOR CHECKLIST FOR AGES 4-16

For office use only
ID #

CHILD'S
NAME

card 1207 (1-4)
ID --- (5-7)

PARENT'S TYPE OF WORK (Please be specific—for example: auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant, even if parent does not live with child.)

☐ Boy
☐ Girl

SEX
(8)

AGE

RACE
(9)

FATHER'S
TYPE OF WORK:

MOTHER'S
TYPE OF WORK:

TODAY'S DATE ACEPDT
MMDDYY

CHILD'S BIRTHDATE BIRTHDT
MMDDYY

Mo. Day Yr.

Mo. Day Yr.

GRADE
IN
SCHOOL

THIS FORM FILLED OUT BY: WHOM

☐ Mother (22)
☐ Father
☐ 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.

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

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

	None	Don't Know	Less Than Average	Average	More Than Average		Don't Know	Below Average	Average	Above Average
ACE TOT S	<input type="checkbox"/>									
ACE ST 1 a.	(23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACE SW 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(27)
ACE ST 2 b.	(24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACE SW 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(28)
ACE ST 3 c.	(25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACE SW 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(29)

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, singing, etc. (Do not include T.V.)

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

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

	None	Don't Know	Less Than Average	Average	More Than Average		Don't Know	Below Average	Average	Above Average
ACE H	(30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACE HT 1 a.	(31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACE HW 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
ACE HT 2 b.	(32)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACE HW 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
ACE HT 3 c.	(33)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACE HW 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36

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

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

	None	Don't Know	Less Active	Average	More Active	
ACE TOT O	37	<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"/>	38 ACE OA 1
b.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39 ACE OA 2
c.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 ACE OA 3

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, etc.

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

	None	Don't Know	Below Average	Average	Above Average	
ACE TOT J	41	<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"/>	42 ACE J 1
b.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 ACE J 2
c.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 ACE J 3

- V. 1. About how many close friends does your child have? ☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more
 ACEFRND (45)
2. About how many times a week does your child do things with them? ☐ less than 1 ☐ 1 or 2 ☐ 3 or more
 ACETWK (46)

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

Worse About the same Better

- ACESIB a. Get along with his/her brothers & sisters? ☐ ☐ ☐ 47
- ACECHILD b. Get along with other children? ☐ ☐ ☐ 48
- ACEHAVE c. Behave with his/her parents? ☐ ☐ ☐ 49
- ACEPLAY d. Play and work by himself/herself? ☐ ☐ ☐ 50

VII. 1. Current school performance—for children aged 6 and older:

☐ Does not go to school

Failing Below average Average Above average

ACENOSCH

a. Reading or English

☐ ☐ ☐ ☐ 52 ACEREAD

b. Writing

☐ ☐ ☐ ☐ 53 ACEWRITE

c. Arithmetic or Math

☐ ☐ ☐ ☐ 54 ACEMATH

d. Spelling

☐ ☐ ☐ ☐ 55 ACESPELL

Other academic subjects—for example: history, science, foreign language, geography.

e.

☐ ☐ ☐ ☐ 56 ACESUBE

f.

☐ ☐ ☐ ☐ 57 ACESUBF

g.

☐ ☐ ☐ ☐ 58 ACESUBG

2. Is your child in a special class?

☐ No

☐ Yes—what kind?

59

ACESCLAS

3. Has your child ever repeated a grade?

☐ No

☐ Yes—grade and reason

60

ACEREPE

4. Has your child had any academic or other problems in school?

☐ No

☐ Yes—please describe

61

ACEPROB

When did these problems start?

Have these problems ended?

☐ No

☐ Yes—when?

62

ACEEND

Viii. Below is a list of items that describe children. 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.

Card 1208 (1-4) (5-7)

0 1 2	1.	Acts too young for his/her age	ACEIT1	16	0 1 2	31.	Fears he/she might think or do something bad	ACEIT31
0 1 2	2.	Allergy (describe):	ACEIT2		0 1 2	32.	Feels he/she has to be perfect	ACEIT32
0 1 2	3.	Argues a lot	ACEIT3		0 1 2	33.	Feels or complains that no one loves him/her	ACEIT33
0 1 2	4.	Asthma	ACEIT4		0 1 2	34.	Feels others are out to get him/her	ACEIT34
0 1 2	5.	Behaves like opposite sex	ACEIT5	(20)	0 1 2	35.	Feels worthless or inferior	ACEIT35 50
0 1 2	6.	Bowel movements outside toilet	ACEIT6		0 1 2	36.	Gets hurt a lot, accident-prone	ACEIT36
0 1 2	7.	Bragging, boasting	ACEIT7		0 1 2	37.	Gets in many fights	ACEIT37
0 1 2	8.	Can't concentrate, can't pay attention for long	ACEIT8		0 1 2	38.	Gets teased a lot	ACEIT38
0 1 2	9.	Can't get his/her mind off certain thoughts; obsessions (describe):	ACEIT9		0 1 2	39.	Hangs around with children who get in trouble	ACEIT39
0 1 2	10.	Can't sit still, restless, or hyperactive	ACEIT10	(25)	0 1 2	40.	Hears things that aren't there (describe):	ACEIT40
0 1 2	11.	Clings to adults or too dependent	ACEIT11		0 1 2	41.	Impulsive or acts without thinking	ACEIT41
0 1 2	12.	Complains of loneliness	ACEIT12		0 1 2	42.	Likes to be alone	ACEIT42
0 1 2	13.	Confused or seems to be in a fog	ACEIT13		0 1 2	43.	Lying or cheating	ACEIT43
0 1 2	14.	Cries a lot	ACEIT14		0 1 2	44.	Bites fingernails	ACEIT44
0 1 2	15.	Cruel to animals	ACEIT15	30	0 1 2	45.	Nervous, highstrung, or tense	ACEIT45 60
0 1 2	16.	Cruelty, bullying, or meanness to others	ACEIT16		0 1 2	46.	Nervous movements or twitching (describe):	ACEIT46
0 1 2	17.	Day-dreams or gets lost in his/her thoughts	ACEIT17		0 1 2	47.	Nightmares	ACEIT47
0 1 2	18.	Deliberately harms self or attempts suicide	ACEIT18		0 1 2	48.	Not liked by other children	ACEIT48
0 1 2	19.	Demands a lot of attention	ACEIT19		0 1 2	49.	Constipated, doesn't move bowels	ACEIT49
0 1 2	20.	Destroys his/her own things	ACEIT20	35	0 1 2	50.	Too fearful or anxious	ACEIT50 65
0 1 2	21.	Destroys things belonging to his/her family or other children	ACEIT21		0 1 2	51.	Feels dizzy	ACEIT51
0 1 2	22.	Disobedient at home	ACEIT22		0 1 2	52.	Feels too guilty	ACEIT52
0 1 2	23.	Disobedient at school	ACEIT23		0 1 2	53.	Overeating	ACEIT53
0 1 2	24.	Doesn't eat well	ACEIT24		0 1 2	54.	Overtired	ACEIT54
0 1 2	25.	Doesn't get along with other children	ACEIT25	40	0 1 2	55.	Overweight	ACEIT55 70
0 1 2	26.	Doesn't seem to feel guilty after misbehaving	ACEIT26		0 1 2	56.	Physical problems without known medical cause:	ACEIT56A
0 1 2	27.	Easily jealous	ACEIT27		0 1 2	a.	Aches or pains	ACEIT56B
0 1 2	28.	Eats or drinks things that are not food (describe):	ACEIT28		0 1 2	b.	Headaches	ACEIT56C
0 1 2	29.	Fears certain animals, situations, or places, other than school (describe):	ACEIT29		0 1 2	c.	Nausea, feels sick	ACEIT56D
0 1 2	30.	Fears going to school	ACEIT30	45	0 1 2	d.	Problems with eyes (describe):	ACEIT56E
					0 1 2	e.	Rashes or other skin problems	ACEIT56F
					0 1 2	f.	Stomachaches or cramps	ACEIT56G
					0 1 2	g.	Vomiting, throwing up	ACEIT56H
					0 1 2	h.	Other (describe):	ACEIT56H

0 1 2 57. Physically attacks people **ACEITS7**
 0 1 2 58. Picks nose, skin, or other parts of body (describe): **ACEITS8**

card 1209 (1-4)
 ID L- (5-7)
 0 1 2 59. Plays with own sex parts in public 16
 0 1 2 60. Plays with own sex parts too much **ACEIT60**
 0 1 2 61. Poor school work **ACEIT61**
 0 1 2 62. Poorly coordinated or clumsy **ACEIT62**
 0 1 2 63. Prefers playing with older children 20 **ACEIT63**
 0 1 2 64. Prefers playing with younger children **ACEIT64**
 0 1 2 65. Refuses to talk **ACEIT65**
 0 1 2 66. Repeats certain acts over and over; compulsions (describe): **ACEIT66**

0 1 2 67. Runs away from home **ACEIT67**
 0 1 2 68. Screams a lot **ACEIT68** 25
 0 1 2 69. Secretive, keeps things to self **ACEIT69**
 0 1 2 70. Sees things that aren't there (describe): **ACEIT70**

0 1 2 71. Self-conscious or easily embarrassed
 0 1 2 72. Sets fires **ACEIT71**
 0 1 2 73. Sexual problems (describe): **ACEIT72**
ACEIT73

0 1 2 74. Showing off or clowning **ACEIT74** 30
 0 1 2 75. Shy or timid **ACEIT75**
 0 1 2 76. Sleeps less than most children **ACEIT76**
 0 1 2 77. Sleeps more than most children during day and/or night (describe): **ACEIT77**

0 1 2 78. Smears or plays with bowel movements 35 **ACEIT78**
 0 1 2 79. Speech problem (describe): **ACEIT79**

0 1 2 80. Stares blankly **ACEIT80**
 0 1 2 81. Steals at home **ACEIT81**
 0 1 2 82. Steals outside the home **ACEIT82**
 0 1 2 83. Stores up things he/she doesn't need (describe): **ACEIT83** 40

0 1 2 84. Strange behavior (describe): **ACEIT84**

0 1 2 85. Strange ideas (describe): **ACEIT85**

0 1 2 86. Stubborn, sullen, or irritable **ACEIT86**
 0 1 2 87. Sudden changes in mood or feelings **ACEIT87**
 0 1 2 88. Sulks a lot **ACEIT88**
 0 1 2 89. Suspicious **ACEIT89**
 0 1 2 90. Swearing or obscene language **ACEIT90**
 0 1 2 91. Talks about killing self **ACEIT91**
 0 1 2 92. Talks or walks in sleep (describe): **ACEIT92**

0 1 2 93. Talks too much **ACEIT93** 50
 0 1 2 94. Teases a lot **ACEIT94**
 0 1 2 95. Temper tantrums or hot temper **ACEIT95**
 0 1 2 96. Thinks about sex too much **ACEIT96**
 0 1 2 97. Threatens people **ACEIT97**
 0 1 2 98. Thumb-sucking **ACEIT98** 55
 0 1 2 99. Too concerned with neatness or cleanliness **ACEIT99**
 0 1 2 100. Trouble sleeping (describe): **ACEIT100**

0 1 2 101. Truancy, skips school **ACEIT101**
 0 1 2 102. Underactive, slow moving, or lacks energy **ACEIT102**
 0 1 2 103. Unhappy, sad, or depressed **ACEIT103** 60
 0 1 2 104. Unusually loud **ACEIT104**
 0 1 2 105. Uses alcohol or drugs (describe): **ACEIT105**

0 1 2 106. Vandalism **ACEIT106**
 0 1 2 107. Wets self during the day **ACEIT107**
 0 1 2 108. Wets the bed **ACEIT108** 65
 0 1 2 109. Whining **ACEIT109**
 0 1 2 110. Wishes to be of opposite sex **ACEIT110**
 0 1 2 111. Withdrawn, doesn't get involved with other: **ACEIT111**
 0 1 2 112. Worrying **ACEIT112**

ACEIT113 113. Please write in any problems your child has that were not listed above:
ACEIT113A
ACEIT113B
ACEIT113C