

Please print. Be sure to answer all items.

CHILD BEHAVIOR CHECKLIST FOR AGES 1½ - 5

For office use only
ID # **CHILD_ID**

CHILD'S FULL NAME	First	Middle	Last
CHILD'S GENDER	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE	Race
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age		
TODAY'S DATE	INT_DATE	CHILD'S BIRTHDATE	DOB
Mo. _____ Date _____ Yr. _____		Mo. _____ Date _____ Yr. _____	

Sex

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: **WORK_F**

MOTHER'S TYPE OF WORK: **WORK_M**

THIS FORM FILLED OUT BY: (print your full name)

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.**

Your relationship to child: **Relat**

☐ Mother ☐ Father ☐ Other (specify): **RELAT_TXT**

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

CBCL1_01

- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 1. Aches or pains (without medical cause; <i>do not</i> include stomach or headaches) |
| 0 | 1 | 2 | 2. Acts too young for age |
| 0 | 1 | 2 | 3. Afraid to try new things |
| 0 | 1 | 2 | 4. Avoids looking others in the eye |
| 0 | 1 | 2 | 5. Can't concentrate, can't pay attention for long |
| 0 | 1 | 2 | 6. Can't sit still, restless, or hyperactive |
| 0 | 1 | 2 | 7. Can't stand having things out of place |
| 0 | 1 | 2 | 8. Can't stand waiting; wants everything now |
| 0 | 1 | 2 | 9. Chews on things that aren't edible |
| 0 | 1 | 2 | 10. Clings to adults or too dependent |
| 0 | 1 | 2 | 11. Constantly seeks help |
| 0 | 1 | 2 | 12. Constipated, doesn't move bowels (when not sick) |
| 0 | 1 | 2 | 13. Cries a lot |
| 0 | 1 | 2 | 14. Cruel to animals |
| 0 | 1 | 2 | 15. Defiant |
| 0 | 1 | 2 | 16. Demands must be met immediately |
| 0 | 1 | 2 | 17. Destroys his/her own things |
| 0 | 1 | 2 | 18. Destroys things belonging to his/her family or other children |
| 0 | 1 | 2 | 19. Diarrhea or loose bowels (when not sick) |
| 0 | 1 | 2 | 20. Disobedient |
| 0 | 1 | 2 | 21. Disturbed by any change in routine |
| 0 | 1 | 2 | 22. Doesn't want to sleep alone |
| 0 | 1 | 2 | 23. Doesn't answer when people talk to him/her |
| 0 | 1 | 2 | 24. Doesn't eat well (describe): CBCL1_24_TXT |
| 0 | 1 | 2 | 25. Doesn't get along with other children |
| 0 | 1 | 2 | 26. Doesn't know how to have fun; acts like a little adult |
| 0 | 1 | 2 | 27. Doesn't seem to feel guilty after misbehaving |
| 0 | 1 | 2 | 28. Doesn't want to go out of home |
| 0 | 1 | 2 | 29. Easily frustrated |

- | | | | |
|---|---|---|--|
| 0 | 1 | 2 | 30. Easily jealous |
| 0 | 1 | 2 | 31. Eats or drinks things that are not food— <i>don't</i> include sweets (describe): CBCL1_31_TXT |
| 0 | 1 | 2 | 32. Fears certain animals, situations, or places (describe): CBCL1_32_TXT |
| 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): CBCL1_46_TXT |
| 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): CBCL1_54_TXT |

Be sure you have 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	79. Rapid shifts between sadness and excitement	
0	1	2	56. Poorly coordinated or clumsy	0	1	2	80. Strange behavior (describe): <u>CBCL1_80_TXT</u>	
0	1	2	57. Problems with eyes (without medical cause) (describe): <u>CBCL1_57_TXT</u>	0	1	2	81. Stubborn, sullen, or irritable	
0	1	2	58. Punishment doesn't change his/her behavior	0	1	2	82. Sudden changes in mood or feelings	
0	1	2	59. Quickly shifts from one activity to another	0	1	2	83. Sulks a lot	
0	1	2	60. Rashes or other skin problems (without medical cause)	0	1	2	84. Talks or cries out in sleep	
0	1	2	61. Refuses to eat	0	1	2	85. Temper tantrums or hot temper	
0	1	2	62. Refuses to play active games	0	1	2	86. Too concerned with neatness or cleanliness	
0	1	2	63. Repeatedly rocks head or body	0	1	2	87. Too fearful or anxious	
0	1	2	64. Resists going to bed at night	0	1	2	88. Uncooperative	
0	1	2	65. Resists toilet training (describe): <u>CBCL1_65_TXT</u>	0	1	2	89. Underactive, slow moving, or lacks energy	
0	1	2	66. Screams a lot	0	1	2	90. Unhappy, sad, or depressed	
0	1	2	67. Seems unresponsive to affection	0	1	2	91. Unusually loud	
0	1	2	68. Self-conscious or easily embarrassed	0	1	2	92. Upset by new people or situations (describe): <u>CBCL1_92_TXT</u>	
0	1	2	69. Selfish or won't share	0	1	2	93. Vomiting, throwing up (without medical cause)	
0	1	2	70. Shows little affection toward people	0	1	2	94. Wakes up often at night	
0	1	2	71. Shows little interest in things around him/her	0	1	2	95. Wanders away	
0	1	2	72. Shows too little fear of getting hurt	0	1	2	96. Wants a lot of attention	
0	1	2	73. Too shy or timid	0	1	2	97. Whining	
0	1	2	74. Sleeps less than most children during day and/or night (describe): <u>CBCL1_74_TXT</u>	0	1	2	98. Withdrawn, doesn't get involved with others	
0	1	2	75. Smears or plays with bowel movements	0	1	2	99. Worries	
0	1	2	76. Speech problem (describe): <u>CBCL1_76_TXT</u>	0	1	2	100. Please write in any problems the child has that were not listed above. <u>CBCL1_100A_TXT</u> <u>CBCL1_100B_TXT</u> <u>CBCL1_100C_TXT</u>	
0	1	2	77. Stares into space or seems preoccupied	Please be sure you have answered all items.				
0	1	2	78. Stomachaches or cramps (without medical cause)	Underline any you are concerned about.				

Does the child have any illness or disability (either physical or mental)? ☐ No ☐ Yes—Please describe: ILLNESS

ILLNESS_TXT

What concerns you most about the child?

Concerns

Please describe the best things about the child:

Best_things