

# 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 Y S N
- 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: \_\_\_\_\_

\_\_\_\_\_