

Name of Child _____ Age _____ Date _____

Name of Parent or Guardian _____

CHILD BEHAVIOR QUESTIONNAIRE

This questionnaire asks about your child's behavior and well-being. Please rate each item according to THE AMOUNT OF DIFFICULTY YOUR CHILD has been having over the Past Month. WRITE THE NUMBER that best describes the amount of difficulty your child has had in each area. There are no right or wrong answers. If you are unsure how to answer a question, please give the best answer you can. You can make a comment in the margin if needed.

0=No Difficulty 1=A little 2=Moderate 3=Quite A Bit 4=Extreme

1. Inattentive, easily distracted, fidgety. _____ a
2. Difficulty finishing tasks such as homework or chores
(needs frequent reminders or supervision). _____ a
3. Easily frustrated or upset in efforts. _____ a
4. Fails to control his/her anger. _____ a
5. Aggressive toward others(verbally or physically threatening). _____ a
6. Disobedient, defiant or resentful about rules. _____ a
7. Adjusting to major changes (divorce, new school, family move,
death of a close friend or relative). _____ a
8. Being involved in normal, activities, play, hobbies. _____ a
9. Difficulty with learning or school progress. _____ a
10. Making or keeping friends. _____ a
11. Impulsive, reckless behavior (has no fear). _____ a
12. Difficulty sleeping or needs excessive sleep. _____ p
13. Complains of headaches, stomach aches,
other physical problems. _____ p
14. Eating problems (loss of appetite or excessive eating) _____ p
15. Use of alcohol or other drugs. _____ p
16. Says negative, critical things or seems to feel bad about himself/herself. _____ e
17. Anxious or fearful (of new situations, new people, trying new things). _____ e
18. Worries alot (about being alone,death, family or peer problems). _____ e
19. Mood changes quickly and drastically. _____ e
20. Easily upset and irritable. _____ e
21. Wishes he/she were dead or talked about suicide. _____ e
22. Withdrawn, prefers to be alone, or avoids social contacts. _____ e
23. Appears lonely, unhappy. _____ e

Please use the following numbers to indicate your rating of the next few items.

0=Not at all 1=A little 2=Sometimes 3=Quite a Bit 4=Most of the time

HOW OFTEN HAS YOUR CHILD'S BEHAVIOR:

24. limited the types of activities
you could do as a family? _____ r

25. interrupted various everyday family activities
(eating meals, watching TV)? _____ r

26. limited your ability as a family to "pick up and go" on a moments notice? _____ r

27. caused tension or conflict in your home? _____ r

28. been a source of disagreements or arguments in your family? _____ r

29. caused you to cancel or change plans (personal or work) at the last
minute? _____ r

30. caused you to feel upset, stressed or worried? _____ r

Comments _____

T.S. (A) _____ M.S. _____

T.S. (P) _____ M.S. _____

T.S. (E) _____ M.S. _____

T.S.(F) _____ M.S. _____

T.S. (CBQ) _____ M.S. _____