

Child Behavior Checklist For Ages 6-18

CHILD'S FULL NAME First _____ Middle _____ Last _____			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto technician, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)			
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE _____	CHILD'S ETHNIC GROUP OR RACE _____	PARENT 1 (or FATHER) TYPE OF WORK _____			
TODAY'S DATE Mo. _____ Day _____ Year _____		CHILD'S BIRTHDAY Mo. _____ Day _____ Year _____	PARENT 2 (or MOTHER) TYPE OF WORK _____			
GRADE IN SCHOOL _____	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.		THIS FORM FILLED OUT BY: (print your full name) _____			
NOT ATTENDING SCHOOL <input type="checkbox"/>			Your Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other (specify) _____			
				Your relation to the child (e.g., parent): <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____		

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skateboarding, bike riding, fishing, etc. <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of the same age, how much time do they spend in each? <table style="width: 100%; text-align: center;"> <tr> <td>Less Than Average</td> <td>More Than Average</td> <td>Don't Know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Less Than Average	More Than Average	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compared to others of the same age, how well do they do each one? <table style="width: 100%; text-align: center;"> <tr> <td>Below Average</td> <td>Average</td> <td>Above Average</td> <td>Don't Know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Below Average	Average	Above Average	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: video games, dolls, reading, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio, TV, or other media.) <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of the same age, how much time do they spend in each? <table style="width: 100%; text-align: center;"> <tr> <td>Less Than Average</td> <td>More Than Average</td> <td>Don't Know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Less Than Average	More Than Average	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compared to others of the same age, how well do they do each one? <table style="width: 100%; text-align: center;"> <tr> <td>Below Average</td> <td>Average</td> <td>Above Average</td> <td>Don't Know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Below Average	Average	Above Average	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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III. Please list any organizations, clubs, teams, or groups your child belongs to. <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of the same age, how much time do they spend in each? <table style="width: 100%; text-align: center;"> <tr> <td>Less Active</td> <td>More Active</td> <td>Don't Know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Less Active	More Active	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

IV. Please list any jobs or chores your child has. For example: doing dishes, babysitting, making bed, working in a store, etc. (Include both paid and unpaid jobs and chores.) <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of the same age, how well do they carry them out? <table style="width: 100%; text-align: center;"> <tr> <td>Below Average</td> <td>Average</td> <td>Above Average</td> <td>Don't Know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Below Average	Average	Above Average	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please be sure you answered all items. Then see other side.
Below Average	Average	Above Average	Don't Know															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)

None 1 2 or 3 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours? (Do *not* include brothers & sisters)

Less than 1 1 or 2 3 or more

VI. Compared to others of their age, how well does your child:

	Worse	Average	Better	
a. Get along with brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has no brothers or sisters
c. Behave with parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Play and work alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. 1. Performance in academic subjects.

Does not attend school because _____

Other academics subjects-for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

Check a box for each subject that child takes

- a. Reading, English, or Language Arts
- b. History or Social Studies
- c. Arithmetic or Math
- d. Science
- e. _____
- f. _____
- g. _____

Failing	Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child receive special education or remedial services or attend a special class or special school?

No Yes — kind of services, class, or school:

3. Has your child repeated any grades? No Yes — grades and reasons:

4. Has your child had any academic or other problems in school? No Yes — please describe:

When did these problems start?

Have these problems ended? No Yes — when?

Does your child have any illness or disability (either physical or mental)? No Yes — please describe:

What concerns you most about your child?

Please describe the best things about your child.

Please be sure you answered all items.

Be sure to answer all items.

Below is a list of items that describe children and youths. 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 **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not true (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True of Often True

- | | |
|--|---|
| <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 1. Acts too young for their age</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 2. Drinks alcohol without parents' approval
(describe): _____
_____</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 3. Argues a lot</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 4. Fails to finish things they start</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 5. There is very little they enjoy</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 6. Bowel movements outside toilet</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 7. Bragging, boasting</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 8. Can't concentrate, can't pay attention for long</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 9. Can't get mind off certain thoughts;
obsessions (describe): _____
_____</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 10. Can't sit still, restless, or hyperactive</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 11. Clings to adults or too dependent</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 12. Complains of loneliness</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 13. Confused or seems to be in a fog</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 14. Cries a lot</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 15. Cruel to animals</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 16. Cruelty, bullying, or meanness to others</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 17. Daydreams or gets lost in thoughts</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 18. Deliberately harms self or attempts suicide</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 19. Demands a lot of attention</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 20. Destroys own things</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 21. Destroys things belonging to family or others</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 22. Disobedient at home</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 23. Disobedient at school</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 24. Doesn't eat well</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 25. Doesn't get along with other kids</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 26. Doesn't seem to feel guilty after misbehaving</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 27. Easily jealous</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 28. Breaks rules at home, school, or elsewhere</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 29. Fears certain animals, situations, or places,
other than school (describe): _____
_____</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 30. Fears going to school</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 31. Fears they might think or do something bad</p> | <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 32. Feels they have to be perfect</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 33. Feels or complains that no one loves them</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 34. Feels others are out to get them</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 35. Feels worthless or inferior</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 36. Gets hurt a lot, accident-prone</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 37. Gets in many fights</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 38. Gets teased a lot</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 39. Hangs around with others who get in trouble</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 40. Hears sounds or voices that aren't there
(describe): _____
_____</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 41. Impulsive or acts without thinking</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 42. Would rather be alone than with others</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 43. Lying or cheating</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 44. Bites fingernails</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 45. Nervous, highstrung, or tense</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 46. Nervous movements or twitching
(describe): _____
_____</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 47. Nightmares</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 48. Not liked by other kids</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 49. Constipated, doesn't move bowels</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 50. Too fearful or anxious</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 51. Feels dizzy or lightheaded</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 52. Feels too guilty</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 53. Overeating</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 54. Overtired without good reason</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 55. Overweight</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 56. Physical problems without known medical cause</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 a. Aches or pains (not stomach or headaches)</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 b. Headaches</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 c. Nausea, feels sick</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 d. Problems with eyes (not if corrected by glasses (describe): _____)</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 e. Rashes or other skin problems</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 f. Stomachaches</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 g. Vomiting, throwing up</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 h. Other (describe): _____</p> |
|--|---|

Be sure to answer all items.

0 = Not true (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True of Often True

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

- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____

- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive
- 0 1 2 70. Sees things that aren't there (describe): _____

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

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____

- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things they don't need (describe): _____

- 0 1 2 84. Strange behavior (describe) _____

- 0 1 2 85. Strange ideas (describe): _____

- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, sniffs tobacco or uses e-cigs
- 0 1 2 100. Trouble sleeping (describe): _____

- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (don't include alcohol or tobacco) (describe): _____

- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be a different gender
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
- 0 1 2 113. Please write any problems your child has that were not listed above:

