

Child Behavior Checklist (CBCL)

Child Behavior Checklist for ages 1.5 to 5 years old

Child's full name:			Parent's usual type of work, even if not working now. Please be specific— for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, salesman, army sergeant.
Middle	First	Last	
Child's gender:	Child's age:	Child's ethnic group or race:	Parent 1 (or Mother) type of work:
			Parent 2 (or Father) type of work:
Assessment date:	Child's birthdate:		Your relation to child:
(MM/DD/YYYY)	(MM/DD/YYYY)		Parent 1 (or mother)
			Parent 2 (or father)
			Other (specify):
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.			

Below is a list of items that describe children. For each item that describes the child **now or within the past 2 months**, please select **2** if the item is **very true or often true** of the child. Select **1** if the item is **somewhat or sometimes true of the child**. If the item is **not true** of the child, select **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 true or sometimes true;

2 = Very true or often true

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

0	1	2	Statements
			31. Eats or drinks things that are not food– don't include sweets (describe):
			32. Fears certain animals, situations, or places (describe):
			33. Feelings are easily hurt
			34. Gets hurt a lot, accident-prone
			35. Gets in many fights
			36. Gets into everything
			37. Gets too upset when separated from parents
			38. Has trouble getting to sleep
			39. Headaches (without medical cause)
			40. Hits others
			41. Holds his/her breath
			42. Hurts animals or people without meaning to
			43. Looks unhappy without good reason
			44. Angry moods
			45. Nausea, feels sick (without medical cause)
			46. Nervous movements or twitching (describe):
			47. Nervous, highstrung, or tense
			48. Nightmares
			49. Overeating
			50. Overtired
			51. Shows panic for no good reason
			52. Painful bowel movements (without medical cause)
			53. Physically attacks people
			54. Picks nose, skin, and other parts of body (describe):
			55. Plays with own sex parts too much
			56. Poorly coordinated or clumsy
			57. Problems with eyes (without medical cause) (describe):
			58. Punishment doesn't change his/her behavior
			59. Quickly shifts from one activity to another
			60. Rashes or other skin problems (without medical causes)
			61. Refuses to eat
			62. Refuses to play active games
			63. Repeatedly rocks head or body
			64. Resists going to bed at night
			65. Resists toilet training (describe):
			66. Screams a lot
			67. Seems unresponsive to affection
			68. Self-conscious or easily embarrassed
			69. Selfish or won't share
			70. Shows little affection toward people
			71. Shows little interest in things around him/her
			72. Shows too little fear of getting hurt
			73. Too shy or timid
			74. Sleeps less than most kids during day and/or night (describe):
			75. Smears or plays with bowel movements
			76. Speech problem (describe):
			77. Stares into space or seems preoccupied
			78. Stomachaches or cramps (without medical cause)
			79. Rapid shifts between sadness and excitement

0	1	2	Statements
			80. Strange behavior (describe):
			81. Stubborn, sullen, or irritable
			82. Sudden changes in mood or feelings
			83. Sulks a lot
			84. Talks or cries out in sleep
			85. Temper tantrums or hot temper
			86. Too concerned with neatness or cleanliness
			87. Too fearful or anxious
			88. Uncooperative
			89. Underactive, slow moving, lacks energy
			90. Unhappy, sad, or depressed
			91. Unusually loud
			92. Upset by new people or situations (describe):
			93. Vomiting, throwing up (without medical cause)
			94. Wakes up often at night
			95. Wanders away
			96. Wants a lot of attention
			97. Whining
			98. Withdrawn, doesn't get involved with others
			99. Worries
			100. Please write in any problems the child has that were not listed above:

***Please be sure you have answered all items. Underline any you are concerned about.*

Does the child have any illness or disability (either physical or mental)?	
No	Yes, please describe:
What concerns you most about the child?	
Please describe the best things about the child:	

Child Behavior Checklist for ages 6 to 18 years old

Child's full name: Middle First Last			Parent's usual type of work, even if not working now. Please be specific— for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, salesman, army sergeant.							
Child's gender:	Child's age:	Child's ethnic group or race:	Parent 1 (or Mother) type of work:							
			Parent 2 (or Father) type of work:							
Assessment date: (MM/DD/YYYY)		Child's birthdate: (MM/DD/YYYY)		This form is filled out by: (print full name)						
				Your gender:						
Is the child attending school?		If yes, what grade is the child in?			Your relation to the child:					
Yes					Biological parent		Foster parent			
No					Adoptive parent		Grandparent			
				Step parent		Others specify:				
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.										
I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, etc.			Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
None			Less than average	Average	More than average	Don't know	Less than average	Average	More than average	Don't know
a.										
b.										
c.										
II. Please enlist 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)			Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
None			Less than average	Average	More than average	Don't know	Less than average	Average	More than average	Don't know
a.										
b.										
c.										
III. Please list any organizations, clubs, teams, or groups your child belongs to.				Compared to others of the same age, about how much time does he/she spend in each?						
None				Less than average		Average		More than average		Don't know
a.										
b.										
c.										

IV. Please enlist any jobs or chores your child has. For example: doing dishes, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)		Compared to others of the same age, about how much time does he/she spend in each?			
None		Less than average	Average	More than average	Don't know
a.					
b.					
c.					
V.	1. About how many close friends does your child have? (Do not include brothers and 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 and sisters)				
	Less than 1	1 or 2		3 or more	
VI. Compared to others of his/her age, how well does your child:					
	Worse	Average	Better	• Has no brothers or sisters	
Get along with his/her brothers and sisters?					
Get along with other kids?					
Behave with his/her parents?					
Play and work alone?					
VII.	1. Performance in academic subjects.				
	Does not attend school because:				
	<i>*Check a box for each subject that child takes.</i>				
		Failing	Below average	Average	Above average
	Reading, English, or language arts				
	History or social studies				
	Arithmetic or Mathematics				
	Science				
	2. Does your child receive special education or remedial services or attend a special class or a special school?				
	Yes— state the kind of services, class, or school:				
	No				
	3. Has your child repeated any grades?				
	Yes— grades and reasons:				
	No				
	4. Has your child had any academic or other problems in school?				
	Yes— please explain:				
	No				
When did these problems start?					
Have these problems ended?					
Yes— when:					
No					

Does the child have any illness or disability (either physical or mental)?	
No	Yes, please describe:
What concerns you most about the child?	
Please describe the best things about the child:	

Below is a list of items describe children and youths. For each item that describes your **child now or within the past 6 months**, please select the **2** if the item is **very true or often true** of your child. Select the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, select the **0**. Please answer all the 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 true or sometimes true;

2 = Very true or often true

0	1	2	Statements
			1. Acts too young for his/her age
			2. Drinks alcohol without parents' approval (describe):
			3. Argues a lot
			4. Fails to finish things he/she starts
			5. There is very little he/she enjoys
			6. Bowel movements outside the toilet
			7. Bragging, boasting
			8. Can't concentrate, can't pay attention for long
			9. Can't get his/her mind off certain thoughts; obsessions (describe):
			10. Can't sit still, restless, or hyperactive
			11. Clings to adults or too dependent
			12. Complains of loneliness
			13. Confused or seems to be in a fog
			14. Cries a lot
			15. Cruel to animals
			16. Cruelty, bullying, or meanness to others
			17. Daydreams or gets lost in his/her thoughts
			18. Deliberately harms self or attempts suicide
			19. Demands a lot of attention
			20. Destroys his/her own things

0	1	2	Statements
			21. Destroys things belonging to his/her family or others
			22. Disobedient at home
			23. Disobedient at school
			24. Doesn't eat well
			25. Doesn't get along with other kids
			26. Doesn't seem to feel guilty after misbehaving
			27. Easily jealous
			28. Breaks rules at home, school, or elsewhere
			29. Fears certain animals, situations, or places other than school (describe):
			30. Fears going to school
			31. Fears she/he might think or do something bad
			32. Feels he/she has to be perfect
			33. Feels or complains that no one loves him/her
			34. Feels others are out to get him/her
			35. Feels worthless or inferior
			36. Gets hurt a lot, accident-prone
			37. Gets in many fights
			38. Gets teased a lot
			39. Hangs around with others who get in trouble
			40. Hears sound or voices that aren't there (describe):
			41. Impulsive or acts without thinking
			42. Would rather be alone than with others
			43. Lying or cheating
			44. Bites fingernails
			45. Nervous, highstrung, or tense
			46. Nervous movements or twitching (describe):
			47. Nightmares
			48. Not liked by other kids
			49. Constipated, doesn't move bowels
			50. Too fearful or anxious
			51. Feels dizzy or lightheaded
			52. Feels too guilty
			53. Overeating
			54. Overtired without good reason
			55. Overweight
			56. Physical problems without know medical cause:
			a. Aches or pains (not stomach or headaches)
			b. Headaches
			c. Nausea, feels sick
			d. Problems with eyes (not if corrected by glasses) (describe):
			e. Rashes or other skin problems
			f. Stomachaches
			g. Vomiting, throwing up
			h. Other (describe):
			57. Physically attacks people
			58. Picks nose, skin, or other parts of body (describe):
			59. Plays with own sex parts in the public
			60. Plays with own sex parts too much

0	1	2	Statements
			61. Poor school work
			62. Poorly coordinated or clumsy
			63. Prefers being with older kids
			64. Prefers being with younger kids
			65. Refuses
			66. Repeats certain acts over and over; compulsions (describe):
			67. Runs away from home
			68. Screams a lot
			69. Secretive, keeps things to self
			70. Sees things that aren't there (describe):
			71. Self-conscious or easily embarrassed
			72. Sets fires
			73. Sexual problems (describe):
			74. Showing off or clowning
			75. Too shy or timid
			76. Sleeps less than most kids
			77. Sleeps more than most kids during day and/or night (describe):
			78. Inattentive or easily distracted
			79. Speech problem (describe):
			80. Stares blankly
			81. Steals at home
			82. Steals outside the home
			83. Stores up too many things he/she doesn't need (describe):
			84. Strange behavior (describe):
			85. Strange ideas (describe):
			86. Stubborn, sullen, or irritable
			87. Sudden changes in mood or feelings
			88. Sulks a lot
			89. Suspicious
			90. Swearing or obscene language
			91. Talks about killing self
			92. Talks or walks in sleep (describe):
			93. Talks too much
			94. Teases a lot
			95. Temper tantrums or hot temper
			96. Thinks about sex too much
			97. Threatens people
			98. Thumb-sucking
			99. Smokes, chews, sniffs tobacco
			100. Trouble sleeping (describe):
			101. Truancy, skips school
			102. Underactive, slow moving, or lacks energy
			103. Unhappy, sad or depressed
			104. Unusually loud
			105. Uses drugs for nonmedical purposes (don't include alcohol or tobacco) (describe):
			106. Vandalism
			107. Wets self during the day
			108. Wets the bed

0	1	2	Statements
			109. Whining
			110. Wishes to be of opposite sex
			111. Withdrawn, doesn't get involved with others
			112. Worries
			113. Please write in any problems your child has that were not listed above:

Scoring and interpretation

Scoring and interpreting the results of the CBCL requires the use of licensed software from the Achenbach System of Empirically Based Assessment (ASEBA).

The ASEBA software ensures accurate scoring, provides comprehensive reports, and facilitates the interpretation of the data based on normative samples. Users must obtain the appropriate licensing to access these tools and resources, which are essential for valid and reliable assessments.

For further information on obtaining a license or using the ASEBA software, please visit the [Site and Scoring Licenses page](#) in the official ASEBA website or contact their support team.

References

ASEBA (2019a). *Child Behavior Checklist for Ages 1½-5*. <https://aseba.org/wp-content/uploads/2019/02/preschoolcbcl.pdf>

ASEBA (2019b). *Child Behavior Checklist for Ages 6-18*. <https://aseba.org/wp-content/uploads/2019/02/preschoolcbcl.pdf>