

Lansing Psychological Associates

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Child Behavior Questionnaire

Name of Child _____ Age: _____ Date: _____

Name of Parent or Guardian _____

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
(need 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 _____ e
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 a lot (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 Withdrawn, prefers to be alone, or avoids social contacts _____ e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? _____ f
- 25. Interrupted various everyday family activities (eating meals, watching TV)? _____ f
- 26. Limited your ability as a family to "pick up and go" on a moment's notice? _____ f
- 27. Caused tension or conflict in your home? _____ f
- 28. Been a source of disagreements or arguments in your family? _____ f
- 29. Caused you to cancel or change plans (personal or work) at the last minute? _____ f
- 30. Caused you to feel upset, stressed or worried? _____ f

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. _____