

**CHILD BEHAVIOR INVENTORY**

CHILD'S NAME: \_\_\_\_\_

Each of the statements below describes a behavioral symptom.  
 Circle the response that best matches your concern.

**1 = No Problem****2 = Present****3 = Concerned****4 = Very Concerned****5 = Severe Concern****ATTENTION**

DATE SYMPTOMS BEGAN: \_\_\_\_\_

Careless mistakes	On-the-go, seems driven
Poor attention span	Forgetful
Doesn't listen	Talks excessively
Doesn't finish tasks	Fidgets, squirms
Loses needed items	Interrupts
Easily distracted	
Problems waiting for a turn	
Runs, climbs excessively or is restless	
Leaves seat when required to sit	
Difficulty organizing tasks/activities	
Avoids tasks requiring concentration	

**MOOD**

DATE SYMPTOMS BEGAN: \_\_\_\_\_

Child has been without symptoms for two or more months this year

Weight changes, appetite changes

Energy level changes

Sleep disturbances

Concentration problems

Crying spells

Loss of interest, pleasure

Hopeless feelings

Isolates self/ withdrawn

Low self-esteem

Gives things away

Wishes to be dead

Injures self

Thinks about death/violence often

Rage outbursts

Bizarre behavior, hallucinations

Rapid, hard to follow speech, thoughts

Thinks they are smartest, best person in the world

**OPPOSITIONAL BEHAVIORS**

DATE SYMPTOMS BEGAN: \_\_\_\_\_

Touchy, easily annoyed

Often loses temper

Argues

Refuses to comply with adult request

Angry

Tantrums

Bothers others deliberately

Spiteful / Mean

Blames others for own mistakes

**ANXIETY / WORRY**

DATE SYMPTOMS BEGAN: \_\_\_\_\_

Worries terrible things will happen to self/others

Frequently refuses or is reluctant to go somewhere because of fear of separation

Frequently fearful to sleep without someone close by

Avoids being alone, clingy

Nightmares/ sleep disturbance

Physical somatic complaints

Worries about parent(s) leaving

Ruminating thoughts/ Can't let things go

Avoids social situations

Irritability/ restlessness

Intense fears or phobias

Obsessive or compulsive behavior or rigid rituals

Extreme fear of new places or situations

**CONDUCT**

DATE SYMPTOMS BEGAN: \_\_\_\_\_

Bullies, threatens others

Starts fights

Used a weapon in a fight

Physically cruel to people/animals

Forcibly stolen from victim

Stolen without confronting victim

Forces sexual activity

Deliberately sets fires to cause damage

Deliberately destroys property

Broken into private property

Lies or cons

Run away from home

Doesn't follow curfew

Truant from school

<b>COMMENTS:</b>

**CHILD STRENGTHS**

**AT SCHOOL:**

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**IN SOCIAL SETTINGS:**

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**AT HOME:**

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**SPECIAL INTERESTS & HOBBIES:**

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