

# 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: _____	1 = No Problem		5 = Severe		
Careless mistakes	1	2	3	4	5
Poor attention span	1	2	3	4	5
Doesn't listen	1	2	3	4	5
Doesn't finish tasks	1	2	3	4	5
Avoids tasks requiring concentration	1	2	3	4	5
Loses needed items	1	2	3	4	5
Difficulty organizing tasks/activities	1	2	3	4	5
Easily distracted	1	2	3	4	5
Forgetful	1	2	3	4	5
Fidgets, squirms	1	2	3	4	5
Leaves seat when required to sit	1	2	3	4	5
On-the-go, seems driven	1	2	3	4	5
Runs, climbs excessively or is restless	1	2	3	4	5
Talks excessively	1	2	3	4	5
Problems waiting for a turn	1	2	3	4	5
Interrupts	1	2	3	4	5

## OPPOSITIONAL BEHAVIORS

DATE SYMPTOMS BEGAN: _____	1 = No Problem		5 = Severe		
Touchy, easily annoyed	1	2	3	4	5
Often loses temper	1	2	3	4	5
Argues	1	2	3	4	5
Refuses to comply with adult request	1	2	3	4	5
Angry	1	2	3	4	5
Tantrums	1	2	3	4	5
Bothers others deliberately	1	2	3	4	5
Spiteful / Mean	1	2	3	4	5
Blames others for own mistakes	1	2	3	4	5

## CONDUCT

DATE SYMPTOMS BEGAN: _____	1 = No Problem		5 = Severe		
Bullies, threatens others	1	2	3	4	5
Starts fights	1	2	3	4	5
Used a weapon in a fight	1	2	3	4	5
Physically cruel to people/animals	1	2	3	4	5
Forcibly stolen from victim	1	2	3	4	5
Stolen without confronting victim	1	2	3	4	5
Forces sexual activity	1	2	3	4	5
Deliberately sets fires to cause damage	1	2	3	4	5
Deliberately destroys property	1	2	3	4	5
Broken into private property	1	2	3	4	5
Lies or cons	1	2	3	4	5
Run away from home	1	2	3	4	5
Doesn't follow curfew	1	2	3	4	5
Truant from school	1	2	3	4	5

### COMMENTS:


## MOOD

DATE SYMPTOMS BEGAN: _____	1 = No Problem		5 = Severe		
Child has been without symptoms for two or more months this year	1	2	3	4	5
Weight changes, appetite changes	1	2	3	4	5
Energy level changes	1	2	3	4	5
Sleep disturbances	1	2	3	4	5
Concentration problems	1	2	3	4	5
Crying spells	1	2	3	4	5
Loss of interest, pleasure	1	2	3	4	5
Hopeless feelings	1	2	3	4	5
Isolates self/ withdrawn	1	2	3	4	5
Low self-esteem	1	2	3	4	5
Gives things away	1	2	3	4	5
Wishes to be dead	1	2	3	4	5
Injures self	1	2	3	4	5
Thinks about death/violence often	1	2	3	4	5
Rage outbursts	1	2	3	4	5
Bizarre behavior, hallucinations	1	2	3	4	5
Rapid, hard to follow speech, thoughts	1	2	3	4	5
Thinks he/she is smartest, best person in the world	1	2	3	4	5

## ANXIETY / WORRY

DATE SYMPTOMS BEGAN: _____	1 = No Problem		5 = Severe		
Worries terrible things will happen to self/others	1	2	3	4	5
Frequently refuses or is reluctant to go somewhere because of fear of separation	1	2	3	4	5
Frequently fearful to sleep without someone close by	1	2	3	4	5
Avoids being alone, clingy	1	2	3	4	5
Nightmares/ sleep disturbance	1	2	3	4	5
Physical somatic complaints	1	2	3	4	5
Worries about parent(s) leaving	1	2	3	4	5
Ruminating thoughts/ Can't let things go	1	2	3	4	5
Avoids social situations	1	2	3	4	5
Irritability/ restlessness	1	2	3	4	5
Intense fears or phobias	1	2	3	4	5
Obsessive or compulsive behavior or rigid rituals	1	2	3	4	5
Extreme fear of new places or situations	1	2	3	4	5

### CHILD STRENGTHS

<b>AT SCHOOL:</b>
<b>IN SOCIAL SETTINGS:</b>
<b>AT HOME:</b>
<b>SPECIAL INTERESTS &amp; HOBBIES:</b>