

Child Checklist of Characteristics

or

Name:		Date of Birth:	Date form filled out:
Age:	Person completing this	form:	Relationship:
treatment, Concerns. apply mos	first please mark all of the it "Then review this checklist,	ems that apply to your which contains conce tems that describe you	have brought a child for evaluation or child on the "Adult Checklist of rns (as well as positive traits) that our child. Feel free to add any others
□Affection	nate		
□Argues,	"talks back," smart-alecky, c	lefiant	
□Bullies/ir	ntimidates, teases, inflicts pa	ain on others, is bossy	to others, picks on, provokes
□Cheats			
□Cruel to	animals		
□Concern	for others		
□Conflicts	with parents over rule brea	king, money, chores, h	nomework, grades, choices in
music/c	clothes/hair/friends		
□Complai	ns		
□Cries ea	sily, feelings are easily hurt		
□Dawdles	s, procrastinates, wastes tim	e	
□Difficultie	es with parent's paramour/ne	ew marriage/new famil	ly
□Depende	ent, immature		
□Develop	mental delays		



□Disrupts family activities
□Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules
□Distractible, inattentive, poor concentration, daydreams, slow to respond
□Dropping out of school
□Drug or alcohol use
□Eating—poor manners, refuses, appetite increase or decrease, odd combinations, overeats
□Exercise problems
□Extracurricular activities interfere with academics
□Failure in school
□Fearful
□Fighting, hitting, violent, aggressive, hostile, threatens, destructive
□Fire setting
□Friendly, outgoing, social
□Hypochondriac, always complains of feeling sick
□Immature, "clowns around," has only younger playmates
□Imaginary playmates, fantasy
□Independent
□Interrupts, talks out, yells
□Lacks organization, unprepared
□Lacks respect for authority, insults, dares, provokes, manipulates



□Learning disability		
□Legal difficulties—truancy, loitering, panhandling, drinking, vandalism, stealing, fighting,		
drug sales		
□Likes to be alone, withdraws, isolates		
□Lying		
□Low frustration tolerance, irritability		
□Mental retardation		
□Moody		
□Mute, refuses to speak		
□Nail biting		
□Nervous		
□Nightmares		
□Need for high degree of supervision at home over play/chores/schedule		
□Obedient		
□Obesity		
□Overactive, restless, hyperactive, out-of-seat behaviors, restlessness, fidgety, noisiness		
□Oppositional, resists, refuses, does not comply, negativism		
□Prejudiced, bigoted, insulting, name calling, intolerant		
□Pouts		
□Recent move, new school, loss of friends		



□Relationships with brothers/sisters or friends/peers are poor—competition, fights,
teasing/provoking, assaults
□Responsible
□Rocking or other repetitive movements
□Runs away
□Sad, unhappy
□Self-harming behaviors—biting or hitting self, head banging, scratching self
□Speech difficulties
□Sexual—sexual preoccupation, public masturbation, inappropriate sexual behaviors
□Shy, timid
□Stubborn
□Suicide talk or attempt
□Swearing, blasphemes, bathroom language, foul language
□Temper tantrums, rages
□Thumb sucking, finger sucking, hair chewing
□Tics—involuntary rapid movements, noises, or word productions
□Teased, picked on, victimized, bullied
□Truant, school avoiding
□Underactive, slow-moving or slow-responding, lethargic
□Uncoordinated, accident-prone



□Wetting or soiling the bed or clothes				
□Work problems, employment, workaholism/overworking, can't keep a job				
Any Other Characteristics:				
Please look back over the concerns you have checked off and choose the one that you most want your child to be helped with and circle it.				
This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.				