



Childhood Behaviour Questionnaire

**Completed by a Parent, Sibling or Close Person
who knew the patient during childhood**

PATIENT DETAILS

Patient name Date of birth Today's date

OBSERVER DETAILS (Please complete)

Your name Relationship to patient
How long have you known the patient? Years you knew the patient best



INSTRUCTIONS: Think back to when the patient was aged 5-12 years.
Choose one rating for every statement.

RATING SCALE

1 Not at all 2 Mild 3 Moderately 4 Quite a bit 5 Very much

No.	AS A CHILD...	1	2	3	4	5
1	Active, restless, always on the go					
2	Afraid of things					
3	Concentration problems, easily distracted					
4	Anxious, worrying					
5	Nervous, fidgety					
6	Inattentive, daydreaming					
7	High or short tempered, low boiling point					
8	Shy, sensitive					
9	Temper outbursts, tantrums					
10	Trouble stick-to-it-iveness, not following through, failing to finish things started					
11	Stubborn, strong willed					
12	Sad or blue, depressed, unhappy					
13	Uncautious, dare-devilish, involved in pranks					
14	Not getting a kick out of things, unsatisfied with life					
15	Disobedient with parents, rebellious, sassy					

No.	AS A CHILD...	1	2	3	4	5
16	Low opinion of myself					
17	Irritable					
18	Outgoing, friendly, enjoyed company of people					
19	Sloppy, disorganized					
20	Moody, have ups and downs					
21	Feel angry					
22	Have friends, popular					
23	Well organized, tidy, neat					
24	Active without thinking, impulsive					
25	Tend to be immature					
26	Feel guilty, regretful					
27	Lose control of myself					
28	Tend to be or act irrational					
29	Unpopular with other children, didn't keep friends for long, didn't get along with other children					
30	Poorly coordinated, did not participate in sports					

ADDITIONAL COMMENTS (Please provide examples or other relevant information.)

Observer signature

Date

FOR CLINICIAN USE

Total score (out of 150) Reviewed by

Date