

**BRIDGEPOINTE PSYCHOLOGICAL &
COUNSELING SERVICES**

BEHAVIOR RATING FORM
Page 1 of 6

Name: _____
SS#: _____
Case ID# _____

Please complete this form. Place a √ in the box that describes your child.

	Not at all	Just a little	Pretty much	Very much
Often fails to give close attention to details or makes careless mistakes in school work, homework, or other activities				
Often has difficulty sustaining attention in tasks or play activities				
Often does not seem to listen to what is being said to him or her				
Often does not follow through on instructions and fails to finish school work or chores (not due to oppositional behavior or failure to understand instructions)				
Often has difficulties organizing tasks and activities				
Often avoids or strongly dislikes tasks (such as school work or homework) that require sustained mental effort				
Often loses things necessary for tasks or activities (e.g., school assignments, pencils, books, tools, or toys)				
Is often easily distracted by sounds around him or her				
Often forgetful in daily activities				
Often fidgets with hands or feet or squirms in seat				
Leaves seat in classroom or in other situations in which remaining seated is expected				
Often runs about or climbs excessively where it is inappropriate (adolescents may report feeling "restless")				
Often has difficulty playing or engaging in leisure activities quietly				
Often "on the go" or often acts as if "driven by a motor"				
Often talks excessively				
Often interrupts or intrudes on others (e.g., butts into conversations or games)				
Often blurts out answers to questions before the questions have been completed				
Often has difficulty waiting in lines or awaiting turn in games or group situations				

**BRIDGEPOINTE PSYCHOLOGICAL &
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BEHAVIOR RATING FORM
Page 2 of 6

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Which of the following are considered to be a significant problem at the present time?

Often loses temper	<input type="radio"/> No	<input type="radio"/> Yes
Often argues with adults	<input type="radio"/> No	<input type="radio"/> Yes
Often actively defies or refuses adult requests or rules	<input type="radio"/> No	<input type="radio"/> Yes
Often blames others for own mistakes	<input type="radio"/> No	<input type="radio"/> Yes
Is often touchy or easily annoyed by others	<input type="radio"/> No	<input type="radio"/> Yes
Is often angry or resentful	<input type="radio"/> No	<input type="radio"/> Yes
Is often spiteful or mean	<input type="radio"/> No	<input type="radio"/> Yes
Often swears or uses obscene language	<input type="radio"/> No	<input type="radio"/> Yes
When did these problems begin? (specify age): _____		

Which of the following are considered to be a significant problem at the present time?

Stealing without confronting a victim (e.g., shoplifting)	<input type="radio"/> No	<input type="radio"/> Yes
Run away from home overnight at least twice	<input type="radio"/> No	<input type="radio"/> Yes
Lies often	<input type="radio"/> No	<input type="radio"/> Yes
Fire-setting with the intention of causing serious harm	<input type="radio"/> No	<input type="radio"/> Yes
Often truant from school	<input type="radio"/> No	<input type="radio"/> Yes
Breaking into and entering a building or car	<input type="radio"/> No	<input type="radio"/> Yes
Destroyed others' property	<input type="radio"/> No	<input type="radio"/> Yes
Cruel to animals	<input type="radio"/> No	<input type="radio"/> Yes
Forced someone else into sexual activity	<input type="radio"/> No	<input type="radio"/> Yes
Used a weapon in a fight	<input type="radio"/> No	<input type="radio"/> Yes
Often initiates physical fights	<input type="radio"/> No	<input type="radio"/> Yes
Stealing with confronting a victim (e.g., mugging)	<input type="radio"/> No	<input type="radio"/> Yes
Physically cruel to people	<input type="radio"/> No	<input type="radio"/> Yes
When did these problems begin? (specify age): _____		

**BRIDGEPOINTE PSYCHOLOGICAL &
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BEHAVIOR RATING FORM
Page 3 of 6

Name: _____
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Which of the following are considered to be a significant problem at the present time?		
Unrealistic and persistent worry about possible harm to family member or friend	θ No	θ Yes
Unrealistic and persistent worry that a disastrous event will separate the child from family member or friend	θ No	θ Yes
Persistent refusal to attend school	θ No	θ Yes
Persistent refusal to sleep alone	θ No	θ Yes
Persistent avoidance of being alone	θ No	θ Yes
Repeated nightmares (re: separation)	θ No	θ Yes
Repeated complaints of physical symptoms (e.g., headaches, stomachaches, nausea)	θ No	θ Yes
Excessive distress in anticipation of separation from family member or friend	θ No	θ Yes
Excessive distress when separated from home, family member or friend	θ No	θ Yes
When did these problems begin? (specify age): _____		

Which of the following are considered to be a significant problem at the present time?		
Unrealistic worry about future events	θ No	θ Yes
Unrealistic concern about appropriateness of past behavior	θ No	θ Yes
Unrealistic concern about competence	θ No	θ Yes
Noticeable self consciousness	θ No	θ Yes
Excessive need for reassurance	θ No	θ Yes
Noticeable inability to relax	θ No	θ Yes
When did these problems begin? (specify age): _____		

**BRIDGEPOINTE PSYCHOLOGICAL &
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BEHAVIOR RATING FORM
Page 4 of 6

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OTHER CONCERNS

Has the child exhibited any of the symptoms below?

Stereotyped mannerisms	<input type="radio"/> No	<input type="radio"/> Yes
Strange body movements	<input type="radio"/> No	<input type="radio"/> Yes
Excessive reaction to noise or failure to react to loud noises	<input type="radio"/> No	<input type="radio"/> Yes
Overreaction to touch	<input type="radio"/> No	<input type="radio"/> Yes
Compulsive rituals (e.g. excessive washing or bathing, needing to have things in a specific order)	<input type="radio"/> No	<input type="radio"/> Yes
Uncontrollable muscle movements	<input type="radio"/> No	<input type="radio"/> Yes
Uncontrollable sounds	<input type="radio"/> No	<input type="radio"/> Yes

When did these problems begin? (specify age): _____

Has the child exhibited any symptoms of disturbances in thought, including any of the following:

More difficulty staying on one topic than would be expected for the child's age	<input type="radio"/> No	<input type="radio"/> Yes
Seeing or hearing things that don't exist	<input type="radio"/> No	<input type="radio"/> Yes
Blank stares	<input type="radio"/> No	<input type="radio"/> Yes
Incoherent speech (frequently makes up words)	<input type="radio"/> No	<input type="radio"/> Yes

When did these problems begin? (specify age): _____

Has the child exhibited any symptoms of disturbance in emotions, including any of the following:

Excessive mood swings	<input type="radio"/> No	<input type="radio"/> Yes
Explosive temper without being aggravated by another person	<input type="radio"/> No	<input type="radio"/> Yes
Excessive clinging or dependence on adults	<input type="radio"/> No	<input type="radio"/> Yes
Unusual fears	<input type="radio"/> No	<input type="radio"/> Yes
Strange avoidance of certain things	<input type="radio"/> No	<input type="radio"/> Yes
Panic attacks	<input type="radio"/> No	<input type="radio"/> Yes
Shows little emotion	<input type="radio"/> No	<input type="radio"/> Yes
Shows emotions that are inappropriate to the situation	<input type="radio"/> No	<input type="radio"/> Yes

When did these problems begin? (specify age): _____

**BRIDGEPOINTE PSYCHOLOGICAL &
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BEHAVIOR RATING FORM
Page 5 of 6

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Case ID# _____

Which of the following are considered to be a significant problem at the present time?		
Depressed or irritable mood most of the day, nearly every day	<input type="radio"/> No	<input type="radio"/> Yes
Less pleasure in activities	<input type="radio"/> No	<input type="radio"/> Yes
Decrease or increase in appetite associated with weight loss or weight gain	<input type="radio"/> No	<input type="radio"/> Yes
Difficulty falling asleep or staying asleep	<input type="radio"/> No	<input type="radio"/> Yes
Sleeping too much	<input type="radio"/> No	<input type="radio"/> Yes
Either unable to sit still or moves very slowly	<input type="radio"/> No	<input type="radio"/> Yes
Fatigue or loss of energy	<input type="radio"/> No	<input type="radio"/> Yes
Feelings of worthlessness or excessive inappropriate guilt	<input type="radio"/> No	<input type="radio"/> Yes
Decreased ability to concentrate	<input type="radio"/> No	<input type="radio"/> Yes
Thoughts of suicide or suicide attempts	<input type="radio"/> No	<input type="radio"/> Yes
When did these problems begin? (specify age): _____		

Which of the following are considered to be a significant problem at the present time?		
Depressed or irritable mood for most of the day over a 1 year period	<input type="radio"/> No	<input type="radio"/> Yes
Poor appetite or overeating	<input type="radio"/> No	<input type="radio"/> Yes
Low energy or fatigue	<input type="radio"/> No	<input type="radio"/> Yes
Low self-esteem	<input type="radio"/> No	<input type="radio"/> Yes
Feelings of hopelessness	<input type="radio"/> No	<input type="radio"/> Yes
Never without symptoms for more than 2 months over a 1 year period	<input type="radio"/> No	<input type="radio"/> Yes
When did these problems begin? (specify age): _____		

**BRIDGEPOINTE PSYCHOLOGICAL &
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BEHAVIOR RATING FORM
Page 6 of 6

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Has the child exhibited any symptoms of social conduct disturbance, including the following:		
Little or no interest in friends	<input type="radio"/> No	<input type="radio"/> Yes
Significantly indiscreet remarks	<input type="radio"/> No	<input type="radio"/> Yes
Begins or ends interactions with other people inappropriately	<input type="radio"/> No	<input type="radio"/> Yes
Unusual social behavior	<input type="radio"/> No	<input type="radio"/> Yes
Excessive reaction to changes in routine	<input type="radio"/> No	<input type="radio"/> Yes
Abnormal speech	<input type="radio"/> No	<input type="radio"/> Yes
Self-mutilation (e.g., hitting self, cutting self)	<input type="radio"/> No	<input type="radio"/> Yes
When did these problems begin? (specify age): _____		