

ICPSR 13611

**Project on Human Development
in Chicago Neighborhoods
(PHDCN): Child Behavior
Checklist, Wave 2, 1997-2000**

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Instruments for ICPSR 13611

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Child Behavior Checklist

Instrument for Cohort 0

**Reduced Child Behavior Checklist
(Cohort 00)**

Administer to PC of age cohort 00 ONLY if subject is 18 months or older.

Hand PC Response Card 5

I am going to read a list of items that describe some children. Thinking about how ***** has acted in the PAST 2 MONTHS, please decide if the items I read describe his/her behavior. For each one, please use one of these choices: (2) very or often true, (1) somewhat or sometimes true, or (0) not true. Please try to answer each one, even if they don't seem to apply to *****.

Do the following describe *****'s behavior in the past two months?

[2. Very/often true 1. Somewhat/sometimes true 0. Not true]

CD1

- | | |
|---|--|
| 1. Can't concentrate, can't pay attention for long | 1. <input type="checkbox"/> 5 / 6 / 8 |
| 2. Can't sit still or is restless | 2. <input type="checkbox"/> 5 / 6 / 8 |
| 3. Can't stand waiting; wants everything now | 3. <input type="checkbox"/> 5 / 6 / 8 |
| 4. Clings to adults or is too dependent | 4. <input type="checkbox"/> 5 / 6 / 8 |
| 5. Cries a lot | 5. <input type="checkbox"/> 5 / 6 / 8 |
| 6. Is cruel to animals | 6. <input type="checkbox"/> 5 / 6 / 8 |
| 7. Destroys things belonging to his/her family or to other children | 7. <input type="checkbox"/> 5 / 6 / 8 |
| 8. Disobedient | 8. <input type="checkbox"/> 5 / 6 / 8 |
| 9. Doesn't eat well | 9. <input type="checkbox"/> 5 / 6 / 8 |
| 10. Doesn't get along with other children | 10. <input type="checkbox"/> 5 / 6 / 8 |
| 11. Doesn't seem to feel guilty after misbehaving | 11. <input type="checkbox"/> 5 / 6 / 8 |
| 12. Disturbed by any change in routine | 12. <input type="checkbox"/> 5 / 6 / 8 |
| 13. Easily jealous | 13. <input type="checkbox"/> 5 / 6 / 8 |
| 14. Gets in many fights | 14. <input type="checkbox"/> 5 / 6 / 8 |
| 15. Has trouble getting to sleep | 15. <input type="checkbox"/> 5 / 6 / 8 |
| 16. Is nervous, high strung, or tense | 16. <input type="checkbox"/> 5 / 6 / 8 |
| 17. Has nightmares | 17. <input type="checkbox"/> 5 / 6 / 8 |
| 18. Overeats | 18. <input type="checkbox"/> 5 / 6 / 8 |
| 19. Overtired | 19. <input type="checkbox"/> 5 / 6 / 8 |

CD19

[2. Very/often true 1. Somewhat/sometimes true 0. Not true]

CD20

- 20. Punishment doesn't change his/her behavior 20. 5 / 6 / 8
- 21. Screams a lot 21. 5 / 6 / 8
- 22. Sleeps less than most children during the day or night 22. 5 / 6 / 8
- 23. Has a speech problem 23. 5 / 6 / 8
- 24. Stubborn, sullen, or irritable 24. 5 / 6 / 8
- 25. Sudden changes in moods or feelings 25. 5 / 6 / 8
- 26. Talks or cries out in sleep 26. 5 / 6 / 8
- 27. Has temper tantrums or a hot temper 27. 5 / 6 / 8
- 28. Too fearful or anxious 28. 5 / 6 / 8
- 29. Uncooperative 29. 5 / 6 / 8
- 30. Underactive 30. 5 / 6 / 8
- 31. Unhappy, sad, or depressed 31. 5 / 6 / 8
- 32. Wakes up often at night 32. 5 / 6 / 8
- 33. Wants a lot of attention 33. 5 / 6 / 8
- 34. Withdrawn, doesn't get involved with others 34. 5 / 6 / 8
- 35. Worries 35. 5 / 6 / 8

CD35

Child Behavior Checklist
Instrument for Cohorts 3-15

**Reduced Child Behavior Checklist
(Cohorts 03 - 15)**

If PC of 00 cohort, Go to R-CBCL (Cohort 00)
If PC of 03 - 15 cohort, Continue

Hand PC Response Card 4

I am going to read a list of items that describe behavior problems that many children have. Please tell me whether each statement has been (2) OFTEN true, (1) SOMETIMES true, or (0) NOT true of *** during the past 6 months, since . . . [refer to CURRENT YEAR timeline]**

The first statement is: "Argues a lot." Has that been OFTEN true, SOMETIMES true, or NOT true of *** in the past six months?**

[2. Often true 1. Sometimes true 0. Not true]

CE1

- | | | | |
|--|-----|--------------------------|-----------|
| 1. Argues a lot | 1. | <input type="checkbox"/> | 5 / 6 / 8 |
| 2. Can't concentrate, can't pay attention for long | 2. | <input type="checkbox"/> | 5 / 6 / 8 |
| 3. Can't get his/her mind off certain thoughts; has obsessions | 3. | <input type="checkbox"/> | 5 / 6 / 8 |
| 4. Can't sit still, is restless, or hyperactive | 4. | <input type="checkbox"/> | 5 / 6 / 8 |
| 5. Clings to adults or is too dependent | 5. | <input type="checkbox"/> | 5 / 6 / 8 |
| 6. Complains of loneliness | 6. | <input type="checkbox"/> | 5 / 6 / 8 |
| 7. Confused or seems to be in a fog | 7. | <input type="checkbox"/> | 5 / 6 / 8 |
| 8. Cries a lot | 8. | <input type="checkbox"/> | 5 / 6 / 8 |
| 9. Cruelty, bullying, or meanness to others | 9. | <input type="checkbox"/> | 5 / 6 / 8 |
| 10. Day-dreams or gets lost in his/her thoughts | 10. | <input type="checkbox"/> | 5 / 6 / 8 |
| 11. Demands a lot of attention | 11. | <input type="checkbox"/> | 5 / 6 / 8 |
| 12. Destroys things belonging to his/her family or others | 12. | <input type="checkbox"/> | 5 / 6 / 8 |
| 13. Disobedient at home | 13. | <input type="checkbox"/> | 5 / 6 / 8 |
| 14. Disobedient at school | 14. | <input type="checkbox"/> | 5 / 6 / 8 |
| 15. Doesn't eat well | 15. | <input type="checkbox"/> | 5 / 6 / 8 |

CE15

CE16

- 16. Doesn't get along with other kids 16. 5 / 6 / 8
- 17. Doesn't seem to feel guilty after misbehaving 17. 5 / 6 / 8
- 18. Fears he/she might think or do something bad 18. 5 / 6 / 8
- 19. Feels he/she has to be perfect 19. 5 / 6 / 8
- 20. Feels or complains that no one loves him/her 20. 5 / 6 / 8
- 21. Feels others are out to get him/her 21. 5 / 6 / 8
- 22. Feels worthless or inferior 22. 5 / 6 / 8
- 23. Gets in many fights 23. 5 / 6 / 8
- 24. Hangs around with others who get in trouble 24. 5 / 6 / 8
- 25. Is impulsive or acts without thinking 25. 5 / 6 / 8
- 26. Would rather be alone than with others 26. 5 / 6 / 8
- 27. Lies or cheats 27. 5 / 6 / 8
- 28. Is nervous, highstrung, or tense 28. 5 / 6 / 8
- 29. Has nightmares 29. 5 / 6 / 8
- 30. Is not liked by other kids 30. 5 / 6 / 8
- 31. Too fearful or anxious 31. 5 / 6 / 8
- 32. Feels dizzy 32. 5 / 6 / 8
- 33. Feels too guilty 33. 5 / 6 / 8
- 34. Overeats 34. 5 / 6 / 8
- 35. Is overtired 35. 5 / 6 / 8

CE36A

- 36. Has physical problems without a known medical cause, like ...
 - a. Aches or pains, not including headaches 36a. 5 / 6 / 8
 - b. Headaches 36b. 5 / 6 / 8
 - c. Nausea, feels sick 36c. 5 / 6 / 8
 - d. Problems with eyes 36d. 5 / 6 / 8
 - e. Rashes or other skin problems 36e. 5 / 6 / 8
 - f. Stomach aches or cramps 36f. 5 / 6 / 8
 - g. Vomiting, throwing up 36g. 5 / 6 / 8

CE36G

CE37

- | | | | |
|--|-----|--------------------------|-----------|
| 37. Poor school work | 37. | <input type="checkbox"/> | 5 / 6 / 8 |
| 38. Prefers being with older kids | 38. | <input type="checkbox"/> | 5 / 6 / 8 |
| 39. Refuses to talk | 39. | <input type="checkbox"/> | 5 / 6 / 8 |
| 40. Runs away from home | 40. | <input type="checkbox"/> | 5 / 6 / 8 |
| 41. Screams a lot | 41. | <input type="checkbox"/> | 5 / 6 / 8 |
| 42. Is secretive, keeps things to self | 42. | <input type="checkbox"/> | 5 / 6 / 8 |
| 43. Self-conscious or easily embarrassed | 43. | <input type="checkbox"/> | 5 / 6 / 8 |
| 44. Sets fires | 44. | <input type="checkbox"/> | 5 / 6 / 8 |
| 45. Shy or timid | 45. | <input type="checkbox"/> | 5 / 6 / 8 |
| 46. Sleeps less than most kids | 46. | <input type="checkbox"/> | 5 / 6 / 8 |
| 47. Sleeps more than most kids during day and/or night | 47. | <input type="checkbox"/> | 5 / 6 / 8 |
| 48. Stares blankly | 48. | <input type="checkbox"/> | 5 / 6 / 8 |
| 49. Stubborn, sullen, or irritable | 49. | <input type="checkbox"/> | 5 / 6 / 8 |
| 50. Sudden changes in mood or feelings | 50. | <input type="checkbox"/> | 5 / 6 / 8 |
| 51. Sulks a lot | 51. | <input type="checkbox"/> | 5 / 6 / 8 |
| 52. Suspicious | 52. | <input type="checkbox"/> | 5 / 6 / 8 |
| 53. Swears or uses obscene language | 53. | <input type="checkbox"/> | 5 / 6 / 8 |
| 54. Teases a lot | 54. | <input type="checkbox"/> | 5 / 6 / 8 |
| 55. Has temper tantrums or a hot temper | 55. | <input type="checkbox"/> | 5 / 6 / 8 |
| 56. Threatens people | 56. | <input type="checkbox"/> | 5 / 6 / 8 |
| 57. Truant, skips school | 57. | <input type="checkbox"/> | 5 / 6 / 8 |
| 58. Underactive, slow moving, or lacks energy | 58. | <input type="checkbox"/> | 5 / 6 / 8 |
| 59. Unhappy, sad, or depressed | 59. | <input type="checkbox"/> | 5 / 6 / 8 |
| 60. Withdrawn, doesn't get involved with others | 60. | <input type="checkbox"/> | 5 / 6 / 8 |
| 61. Worries | 61. | <input type="checkbox"/> | 5 / 6 / 8 |

CE61

Go to My Child's ETV, p. 35