

Behavior Questionnaire for Parents

Name of rater: _____ Child: _____ Date: _____ ID: _____

Please circle the number which best describes your child's behavior during the past six months:

	Never or rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities	0	1	2	3
2. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish work	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids tasks (e.g., schoolwork, homework) that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities	0	1	2	3
8. Is easily distracted	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in the classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs or climbs excessively in situations where it is inappropriate	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is often "on the go", or acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting turn	0	1	2	3
18. Interrupts or intrudes on others (e.g. butts into conversations)	0	1	2	3
19. Sluggish, slow to respond, lethargic	0	1	2	3
20. Seems not to hear, needs things repeated	0	1	2	3
21. Seems to be "in a fog"	0	1	2	3
22. Is drowsy or sleepy	0	1	2	3
23. Easily confused	0	1	2	3
24. Daydreams, stares into space	0	1	2	3
25. Absentminded, forgets things easily	0	1	2	3
26. Is anxious	0	1	2	3
27. Is easily frustrated / annoyed	0	1	2	3
28. Is defiant, refuses to comply with requests	0	1	2	3
29. Is sad	0	1	2	3

30. If you indicated that your child experienced any of the previous difficulties, at what age did these problems develop?

Approximately _____ years old.

If you circled any difficulties on the previous list, to what extent do these problems interfere with your child's ability to function in each of the following areas of life activities?

Area	Not at all	Just a little	Quite a bit	Very much
1. In her/his home life with the immediate family.	0	1	2	3
2. In his/her social interactions with other children.	0	1	2	3
3. In her/his interactions with other adults.	0	1	2	3
4. In his/her activities or dealing with the community.	0	1	2	3
5. In any educational activities.	0	1	2	3
6. In her/his leisure or recreational activities.	0	1	2	3
7. In his/her management of daily responsibilities.	0	1	2	3

Please circle the number which *best describes* your child's behaviour during the past six (6) months.

Child's Behaviour	Not at all	Just a little	Quite a bit	Very much
1. Often loses temper.	0	1	2	3
2. Often argues with adults.	0	1	2	3
3. Often actively defies or refuses adult requests or rules.	0	1	2	3
4. Often deliberately does things that annoy other people.	0	1	2	3
5. Often blames other for his or her mistakes or misbehaviour.	0	1	2	3
6. Often touchy or easily annoyed by others.	0	1	2	3
7. Often is angry and resentful.	0	1	2	3
8. Often is spiteful or vindictive.	0	1	2	3
9. Often is quarrelsome.	0	1	2	3