CHILD DIAGNOSTIC UNIT BEHAVIORAL CHECKLIST

Client's Name: **DOB:**

Guardians Name:

Name of Person Completing Form:
☐ Parent ☐ Guardian ☐ Foster Parent ☐ DCFS ☐ Therapist ☐ Other

Address:

Phone Number: **Email Address:**

Medicaid Number: **PASSE:** **PASSE Number:**

Please Circle Appropriate Boxes

Behavior						
Physical Aggression	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Hits Kicks Bites Shoves Trips Pushes Other						
Verbal Aggression	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Curses Yells Demands						
Fire Setting	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Plays with matches Hides lighters Caught item on fire						
Enuresis/Encopresis	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Daytime Nighttime Wears Pull-Ups						
Homicidal Ideation/Attempt	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Threatens others Physically hurts others Plans to hurt someone						
Activities of Daily Living	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Unable to bathe Unable to get dressed Unable to toilet Unable to feed self						
Self Injurious Behaviors	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Cuts self Head bangs Pulls Hair Hits self Scratches self Picks sores Burns self						
Problematic Sexual Behaviors	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Makes comments Makes gestures Touches self Touches others Exposes self Charged files						
Suicidal Ideation/Attempt	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Thinks of death Draws pictures of death Cutting Strangulation/Choking Poison						
Anxiety and Panic	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Fidgets Worries Social or performance situations Separating from family Dark Storms Watchful						
Phobias	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Please List Specific fears:						
Nutrition Concerns	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Overeats Throws up Poor Appetite Hoards Foods Picky Eater						
Mood	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Sad Hopeless Worthless Isolative Irritable Angry Mood swings						
Impulsive Behavior	NONE	DAILY	WEEKLY	MONTHLY	SCHOOL	HOME
Climbs objects Tears things apart Acts without thinking No cause and effect						

Behavior						
Problems with Truth Telling	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Doesn’t tell the truth exaggerates negative lies to avoid getting in trouble						
Oppositional	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Refuses directions Lies about completing items Talks back or argues Disregards typical schedules/rules						
Property Destruction	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Holes in walls Tears toys up Defaces school property Defaced vehicle						
Destroys others Property	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Electronics Furniture Toys Sentimental Objects						
Running Away	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Several hours Overnight						
Social Withdrawal	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Refuses activities No friends Avoids social situations Avoids Public Places						
Stealing	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Takes things Hides things Never asks permission Steals from stores Steals from school						
Decreased Concentration	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Unable to focus Zones out Day dreams Distractible						
Hyperactivity	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Always moving Unable to sit still Clumsy Often gets items wrong at school						
Distractible	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Messy Unorganized Forgetful Never on task Watches other/things Poor Focus						
Paranoia	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Thinks others are out to harm him No one’s on their side World is a bad place						
Animal Cruelty	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Accidentally hurt animal Purposefully hurt animal Accidentally killed an animal Purposefully killed animal						
Rituals or Compulsions	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Please explain:						
Inflexible/Rigid	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Poor with schedule change Unable to see other’s perspectives Stuck on routine						
Sensory Concerns	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Loud noises Crowds Textures/Food Clothing						
Thought Disorder	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Hears things Sees Things Feels things						
Alcohol/Tobacco/Drug Use	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**
Please Specify:						
Hypersomnia/Insomnia	**NONE**	**DAILY**	**WEEKLY**	**MONTHLY**	**SCHOOL**	**HOME**

Day time naps **Trouble going to sleep** **Trouble staying asleep** **Early riser** **Bad dreams** **Sleep walks**

Please describe any other behavior (giving dates, frequency, and severity):

Family Involvement

Do you plan to visit: **Never** **Daily** **Weekly**