

Aberrant Behavior Checklist

Patient Name: _____ **Date accomplished:** _____ dd / mm / yyyy

Instructions: Please rate the child's behavior for the last 4 weeks according to the scale below. 0 = Not at all a problem, 1 = The behavior is a problem, but slight in degree, 2 = The problem is moderately serious, 3 = The problem is severe in degree

1. Excessively active at home, school work, or elsewhere

0 1 2 3

2. Injures self on purpose

0 1 2 3

3. Listless, sluggish, inactive

0 1 2 3

4. Aggressive to other children or adults (verbally or physically)

0 1 2 3

5. Seeks isolation from others

0 1 2 3

6. Meaningless, recurring body movements

0 1 2 3

7. Boisterous (inappropriately noisy and rough)

0 1 2 3

8. Screams inappropriately

0 1 2 3

9. Talks excessively

0 1 2 3

10. Temper tantrums/outbursts

0 1 2 3

11. Stereotyped behavior; abnormal, repetitive movements

0 1 2 3

12. Preoccupied, stares into space

0 1 2 3

13. Impulsive (acts without thinking)

0 1 2 3

14. Irritable and whiny

0 1 2 3

15. Restless, unable to sit still

0 1 2 3

16. Withdrawn; prefers solitary activities

0 1 2 3

17. Odd, bizarre in behavior

0 1 2 3

18. Disobedient, difficult to control

0 1 2 3

19. Yells at inappropriate times

0 1 2 3

20. Fixed facial expression; lacks emotional responsiveness

0 1 2 3

21. Disturbs others

0 1 2 3

22. Repetitive speech

0 1 2 3

23. Does nothing but sit and watch others

0 1 2 3

24. Uncooperative

0 1 2 3

25. Depressed mood

0 1 2 3

26. Resists any form of physical contact

0 1 2 3

27. Moves or rolls head back and forth repetitively

0 1 2 3

28. Does not pay attention to instructions

0 1 2 3

29. Demands must be met immediately

0 1 2 3

30. Isolates himself/herself from other children or adults

0 1 2 3

31. Disrupts group activities

0 1 2 3

32. Sits or stands in one position for a long time

0 1 2 3

33. Talks to self loudly

0 1 2 3

34. Cries over minor annoyances and hurts

0 1 2 3

35. Repetitive hand, body, or head movements

0 1 2 3

36. Mood changes quickly

0 1 2 3

37. Unresponsive to structured activities (does not read)

0 1 2 3

38. Does not stay in seat (during lesson, training sessions, meals, etc.)

0 1 2 3

39. Will not sit still for any length of time

0 1 2 3

40. Is difficult to reach, contact, or get through to

0 1 2 3

41. Cries and screams inappropriately

0 1 2 3

42. Prefers to be alone

0 1 2 3

43. Does not try to communicate by words or gestures

0 1 2 3

44. Easily distractible

0 1 2 3

45. Waves or shakes the extremities repeatedly

0 1 2 3

46. Repeats a word or phrase over and over

0 1 2 3

47. Stamps feet or bangs objects or slams doors

0 1 2 3

48. Constantly runs or jumps around the room

0 1 2 3

49. Rocks body back and forth repeatedly

0 1 2 3

50. Deliberately hurts himself/herself

0 1 2 3

51. Pays no attention when spoken to

0 1 2 3

52. Does physical violence to self

0 1 2 3

53. Inactive, never moves spontaneously

0 1 2 3

54. Tends to be excessively active

0 1 2 3

55. Responds negatively to affection

0 1 2 3

56. Deliberately ignores directions

0 1 2 3

57. Has temper outbursts or tantrums when does not get own way

0 1 2 3

58. Shows few social reactions to others

0 1 2 3