CHILDREN'S BEHAVIOR RATING SCALE (CBRS)

Name: _____ Today's Date: _____

Child's Name: _____ Child's Age: _____

This scale enables you to indicate the kinds of problems that you think your child is experiencing at the present time. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as shown below.

1 = Never
2 = Rarely
3 = Occasionally
4 = Frequently
5 = Always

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1. ____ My child wets the bed.
2. ____ My child hits other children.
3. ____ My child runs away from home.
4. ____ My child disobeys me.
5. ____ My child tells lies.
6. ____ My child steals things from others.
7. ____ My child screams very loudly.
8. ____ My child bites other children.
9. ____ My child hits me when I try to administer discipline.
10. ____ My child demands constant attention.
11. ____ My child is afraid of other children.
12. ____ My child is afraid of strangers.
13. ____ My child has nightmares.
14. ____ My child misbehaves when we go out.
15. ____ My child will not let me out of his or her sight.
16. ____ My child is very timid or shy.
17. ____ My child is destructive.
18. ____ My child has temper tantrums.
19. ____ My child has accidents or gets hurt.
20. ____ My child bangs his or her head or engages in other self-injurious behavior.

SAMPLE

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