

DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES, BOX 359112,
 UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE,
 SEATTLE, WA 98195 PHONE: 543-7155
 Ann P. Streissguth, Ph.D.; Helen Barr, M.A., M.S.

PBCL - 36 Personal Behaviors Checklist

TEAR OFF SHEET

(For confidentiality, tear off before filing data)

Name of Study Site: _____

Person Being Described:

 LAST

 FIRST

ID #: _____

Person Filling Out Form:

 LAST

 FIRST

Date: _____

1. The Scale was designed to be filled out by parents, caretakers or others who know the person well (*i.e.*, teacher, parole officer, etc.), not by the individual about themselves. It is most useful when filled out by a respondent who knows the person in a social or familial context, rather than in an office setting.
2. The scale was meant to be applicable for ages 2 years through adulthood (perhaps 35 years), although it is not necessary that the respondent knows the person across their whole lifespan.
3. Please do not give any further instructions other than those printed. It usually takes about 5 minutes to fill out.

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FACE SHEET

1. PERSON BEING DESCRIBED IN PBCL:

BIRTHDATE: ____ / ____ / ____, OR AGE IN YEARS: ____, MONTHS: ____
YEAR/MONTH/DAY

What is the highest grade of regular school has the person completed? (**Circle One**)

7 8 9 10 11 12 GED 13 14 15 16 17 18 19 20 +
JR. HIGH HIGH SCHOOL UNIVERSITY GRADUATE SCHOOL

Has the person described ever failed a grade? Yes: ____, No: ____

Has the person described ever been suspended, expelled, or dropped out of school?
Yes: ____, No: ____

Is the person described taking any psychotropic medications at this time? Yes: ____, No: ____

If yes, number of different kinds of psychotropic medications per day (**Circle One**)

1 2 3 4 5 6 7 8 9 10 +

Name of Drugs (IF KNOWN): _____

2. PERSON FILLING OUT PBCL: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> 01 = Bio Mother | <input type="checkbox"/> 11 = Spouse |
| <input type="checkbox"/> 02 = Bio Father | <input type="checkbox"/> 12 = Legal Guardian |
| <input type="checkbox"/> 03 = Adoptive Mother | <input type="checkbox"/> 13 = Case Worker |
| <input type="checkbox"/> 04 = Adoptive Father | <input type="checkbox"/> 14 = Residential Caretaker |
| <input type="checkbox"/> 05 = Stepmother | <input type="checkbox"/> 15 = Patient Self-Report |
| <input type="checkbox"/> 06 = Stepfather | <input type="checkbox"/> 16 = Other Relative, Specify:
_____ |
| <input type="checkbox"/> 07 = Foster Mother | <input type="checkbox"/> 17 = Other Non-relative, Specify:
_____ |
| <input type="checkbox"/> 08 = Foster Father | <input type="checkbox"/> 18 = Other |
| <input type="checkbox"/> 09 = Grandmother | |
| <input type="checkbox"/> 10 = Grandfather | |

3. WHAT IS THE CONTEXT IN WHICH YOU KNOW THE PERSON BEING DESCRIBED:

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4. HOW LONG HAVE YOU KNOWN THE PERSON DESCRIBED: YEARS: ___ MONTHS: ___

5. HOW WELL DO YOU KNOW THE PERSON BEING DESCRIBED: (Circle one)

HARDLY AT ALL 1 2 3 4 5 EXTREMELY WELL

INSTRUCTIONS

Below are some statements about people's behaviors. For each statement, please circle "yes", "no" or "don't know" regarding the person identified on page 1.

COMMUNICATION AND SPEECH:

- | | | | | |
|----|-----|----|------------|--|
| 1. | yes | no | don't know | Loud, deep, or unusual sounding voice. |
| 2. | yes | no | don't know | Talks too much and too fast. |
| 3. | yes | no | don't know | Interrupts; talks with poor timing in terms of the listener. |
| 4. | yes | no | don't know | Unusual conversational topics; dwells on one or two particular subjects or speaks about unrealistic or unusual topics. |
| 5. | yes | no | don't know | Likes to talk; the talking seems more important than the context. |
| 6. | yes | no | don't know | Repeats certain words or phrases often. |
| 7. | yes | no | don't know | Makes "off the wall" comments; sometimes says things that seem completely out of context. |
| 8. | yes | no | don't know | Talks a lot but says little; is chatty but with shallow content. |

PERSONAL MANNER:

- | | | | | |
|----|-----|----|------------|---|
| 1. | yes | no | don't know | Klutzy: tasks often unintentionally end up in a mess; tends to upset or spill things more than normal. |
| 2. | yes | no | don't know | Messy: paper work is smudgy and rumpled; makes more of a mess eating than others the same age; unconcerned about personal cleanliness (for example, hands, face and clothes are often dirty). |
| 3. | yes | no | don't know | Touches things and people frequently; seems to need to touch or be touched more than others. |
| 4. | yes | no | don't know | Loves to be the center of attention; draws attention to self. |
| 5. | yes | no | don't know | Tends to lose or misplace things a lot. |

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EMOTIONS:

- 1. yes no don't know Has rapid mood swings; can be happy one moment and mad or upset the next, with mood swings triggered by seemingly small things.
- 2. yes no don't know Overreacts to situations; emotional reactions are often stronger than you would expect.

MOTOR SKILLS AND ACTIVITIES:

- 1. yes no don't know Has difficulty performing precise tasks or difficulty learning precise tasks.
- 2. yes no don't know Finds team sports like soccer or football difficult, or has had trouble playing on a team.

ACADEMIC/WORK PERFORMANCE:

- 1. yes no don't know Has poor attention span.
- 2. yes no don't know Tries hard and wants to please, but the end result is often disappointing.
- 3. yes no don't know Has trouble completing tasks.

SOCIAL SKILLS AND INTERACTIONS:

- 1. yes no don't know Overly friendly with strangers.
- 2. yes no don't know Often demands attention or monopolizes a conversation.
- 3. yes no don't know Establishes superficial friendships easily but has no close friends.
- 4. yes no don't know Seems unaware of the consequences of his/her behavior, particularly the social consequences.
- 5. yes no don't know Seems unaware of or ignores "good manners," for example may pass gas or burp.
- 6. yes no don't know Can't take a hint; needs strong, clear commands because the fine points escape him/her.
- 7. yes no don't know Is physically loving and demonstrative; enjoys bodily contact more than most people his/her age; sometimes touches peers more than they prefer.
- 8. yes no don't know Gets over stimulated in social situations, especially in a crowded room or when strangers are present.
- 9. yes no don't know Shows poor judgment in whom he/she trusts.
- 10. yes no don't know Inappropriate interactions at home, for example with brothers or sisters, parent, family pets. Please describe: _____

- 11. yes no don't know Inappropriate interactions outside the home, such as at school with teachers or other students, in the neighborhood.

BODILY OR PHYSIOLOGIC FUNCTIONS:

- 1. yes no don't know Seems very sensitive to loud noises (for example, startles easily; does not tune out repetitive noises; seems bothered by certain sounds.)
- 2. yes no don't know Fidgety; can't sit still.

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- | | | | | |
|----|-----|----|------------|--|
| 3. | yes | no | don't know | Has had sleeping problems (such as unpredictable sleep/wake patterns; difficulty going to sleep at night; waking very early in the morning; irregular naps.) |
| 4. | yes | no | don't know | Has problems with personal hygiene; for example, forgets to bathe, wash hands, brush teeth. |
| 5. | yes | no | don't know | Has had problems with sexual functioning, such as inappropriate masturbation; inappropriate touching of others; other unusual sexual activity. |
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