

1. Was the Checklist completed?

cbc1

- 0 No  
 1 Yes

2. Who completed this form?

cbc2

- 1 Biological Parent  
 2 Adoptive Parent  
 3 Step Parent  
 4 Foster Parent  
 5 Grandparent  
 98 Other, please specify: \_\_\_\_\_

**Please provide the summary scores from the CBCL questionnaire.**

		Total Score	T Score	Percentile
3.	Activities:	cbc3a	cbc3b	cbc3c
4.	Social:	cbc4a	cbc4b	cbc4c
5.	School:	cbc5a	cbc5b	cbc5c
6.	Total Competence:	cbc6a	cbc6b	cbc6c
7.	Anxious / Depressed:	cbc7a	cbc7b	cbc7c
8.	Withdrawn / Depressed:	cbc8a	cbc8b	cbc8c
9.	Somatic Complaints:	cbc9a	cbc9b	cbc9c
10.	Social Problems:	cbc10a	cbc10b	cbc10c
11.	Thought Problems:	cbc11a	cbc11b	cbc11c
12.	Attention Problems:	cbc12a	cbc12b	cbc12c
13.	Rule-Breaking Behavior:	cbc13a	cbc13b	cbc13c
14.	Aggressive Behavior:	cbc14a	cbc14b	cbc14c
15.	Internalizing Problems:	cbc15a	cbc15b	cbc15c
16.	Externalizing Problems:	cbc16a	cbc16b	cbc16c
17.	Total Problems:	cbc17a	cbc17b	cbc17c
18.	Affective Problems:	cbc18a	cbc18b	cbc18c
19.	Anxiety Problems:	cbc19a	cbc19b	cbc19c
20.	Somatic Problems:	cbc20a	cbc20b	cbc20c

CHILDHOOD ADENOTONSILLECTOMY STUDY  
Child Behavior Checklist  
Visit \_\_\_\_

Participant ID: \_\_\_\_\_  
Participant Initials: \_\_\_\_\_  
Site: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
NP ID: \_\_\_\_ - \_\_\_\_

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		Total Score	T Score	Percentile
21.	Attention Deficit / Hyperactivity Problems:	cbc21a	cbc21b	cbc21c
22.	Oppositional Defiant Problems:	cbc22a	cbc22b	cbc22c
23.	Conduct Problems:	cbc23a	cbc23b	cbc23c