Toddler Behavior Questionnaire

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TODDLER BEHAVIOR QUESTIONNAIRE

Date:_____/_____/_______

Baby’s First Name: _______________ Sex:  M     F  Age today: _______Months _____weeks

Your relationship to child: _______________

Does your child have any diagnostic problems with sight or hearing?  
(    ) NO   (    ) YES  - If so, please specify ____________________________________________

IF YES, date discovered _____/_____/_______

Are there any day care arrangements for the child?  (    ) NO     (    ) YES

If YES, by whom? __________________________________________________________

How many days and hours per week?  Days____ Hours________

PRELIMINARY INFORMATION:
1) Is your child walking independently yet?  (please circle one)         YES           NO

2) At what age (in months) could your child walk a short distance without any help or support? ____________

3a) At what age did you first notice your child expressed anger? ________months ________weeks

3b) Has your child had any temper tantrums yet?  (Please circle one)         YES           NO  

If you answered ‘YES,’ please complete the following questions.  If you answered ‘NO’ please skip to question number 6.

3c) Which of the following behaviors has your child shown when s/he has a tantrum? Check all behaviors that you have ever observed during a tantrum even if your child does not do them each time a tantrum occurs:

Screams           ______   Angry glare/stare ______

Intense Crying    ______  Kicks/hits person ______

Shouts            ______  Throws objects ______

Whines/Whimpers   ______  Hits/bangs objects ______

Stamps foot       ______  Kicks/thrashes about ______

Arches/stiffens body ______  Throws self down ______

Pushes object/person away ______  Throws head back ______

Bangs head ______  Holds breath ______

Bites ______  Face reddens ______

Says “No!” ______  Other:   ______

Please specify: ___________________________
4) How frequently have the tantrums been occurring? (please circle one)
   A. How frequently have the tantrums been occurring? (please circle one)
      (0) never        (1) less than once a week        (2) at least once a week        (3) 2-3 times a week
      (4) almost every day        (5) at least every day        (6) more than once a day

5) How old, in months and weeks, was your baby when the temper tantrums first began to occur?
   ___________ months   ___________ weeks

6) Often young children are in situations that seem to make them angry. A number of such situations are listed below. We would like to know how frequently these situations occur in your home, and to what degree they anger your child and yourself. So, each situation has three parts. If the situation never occurs, write N/A in Part A, and then skip Parts B and C for that item.
   - Please write the number of the most accurate response in the spaces provided.
   - For your convenience, the scales below are reprinted at the top of each page.

A. Please use the scale below to describe how frequently a situation occurs:
   1. Never or rarely (less than 1 time per week)
   2. Occasionally (1-2 times per week)
   3. Sometimes (3-4 times per week)
   4. Often (almost every day)
   5. Very often (every day, or more than once per day)

B. Please use the scale below to describe the degree of anger your child usually displays:
   1. No anger (child shows positive emotion or indifference)
   2. A little anger
   3. Some anger
   4. Very angry
   5. Full tantrum

C. Please use the scale below to describe your reaction to your child’s anger in this situation:
   1. No anger (you stay calm and cool, or some other emotion -- please specify: ____________
   2. Slightly annoyed
   3. A little angry
   4. Somewhat angry
   5. Very angry
1. The baby wants a toy or some other object but can’t reach or get it (too high off the ground).
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

2. The baby sees food or some other object that you have and you don’t want him/her to have.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

3. The child has an object or food that is not safe and you take it away.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

4. The child plays with a puzzle or a toy that is too difficult for the child to complete or use.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

5. The child wants to be held or rocked but you are unable to do it at the time (maybe because you are too busy, or it is an inconvenient place).
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

6. A toy the child has been playing with breaks or stops working.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

7. The child does not want to go to bed at naptime or bedtime.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______
A. How often does this or a similar situation occur?

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B. How angry does your child get?

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C. What is your reaction?

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8. The child is doing or playing with something unsafe and you tell him/her to stop.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

9. The child is running around or making excessive noise and you try to stop him/her.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

10. Your child whines or demands your attention while you are busy (such as while you are cooking, cleaning, or on the phone).
    A) How often does this or a similar situation occur? _______
    B) How angry does your child get? _______
    C) What is your reaction? _______

11. Your child wants to go outside at an inappropriate time and you will not let him/her.
    A) How often does this or a similar situation occur? _______
    B) How angry does your child get? _______
    C) What is your reaction? _______

12. Your child is in his/her crib, stroller, playpen, or highchair and drops an object he/she cannot retrieve.
    A) How often does this or a similar situation occur? _______
    B) How angry does your child get? _______
    C) What is your reaction? _______

13. A ball rolls under or behind a piece of furniture and your child cannot reach it.
    A) How often does this or a similar situation occur? _______
    B) How angry does your child get? _______
    C) What is your reaction? _______
A. How often does this or a similar situation occur?

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C. What is your reaction?

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14. Your child doesn’t want to let you brush his/her teeth or wipe his/her face or nose.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

15. Another child (a sibling or playmate) takes a toy away from your child.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

16. Another child becomes interested in a toy and now your child wants it, so you insist they share or take turns.
   A) How often does this or a similar situation occur? _______
   B) How angry does your child get? _______
   C) What is your reaction? _______

17. Your child plays with food and throws it on the floor and you scold him/her.
   D) How often does this or a similar situation occur? _______
   E) How angry does your child get? _______
   F) What is your reaction? _______

Thank You!