

# WACB – 0 - 2

(Weekly Assessment of Child Behavior – for 0 – 2 year olds)

Admin Use Only:	Check if administered by therapist <input type="checkbox"/>	Session # _____
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Your Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_  
 Child's Name \_\_\_\_\_ Child's Gender \_\_\_\_\_ Child's Age \_\_\_\_\_

**Directions**

Please fill out the whole form by circling one number per sentence. For each sentence:

- a) Please circle the number that shows **how often** your child behaved that way in the last week.
- b) Circle either “yes” or “no” to show whether you need that behavior to change.

For example: If your child rarely cried at bedtime (once or twice) last week, you might choose 2 and circle “NO.”

How often does your child...	Never		Sometimes		Always		Change?	
1. Cry at bedtime?	1	2	3	4	5	6	7	YES <input type="checkbox"/> NO <input style="border: 1px solid black; border-radius: 50%; text-align: center;" type="checkbox"/>

STEP 1:											
In the past week....	Not at all		Sort of					Very		Does this need to change?	
How stressful was it to parent this child?	1	2	3	4	5	6	7	YES	NO		
STEP 2:											
How often does your child....	Never		Sometimes			Always			Does this need to change?		
1. Have trouble falling asleep?	1	2	3	4	5	6	7	YES	NO		
2. Have trouble feeding, or fuss about food?	1	2	3	4	5	6	7	YES	NO		
3. Act cranky and get easily upset?	1	2	3	4	5	6	7	YES	NO		
4. Have trouble waking up or staying awake?	1	2	3	4	5	6	7	YES	NO		
5. Have intense tantrums, screaming and crying?	1	2	3	4	5	6	7	YES	NO		
6. Stare into space and not respond to efforts to engage?	1	2	3	4	5	6	7	YES	NO		
7. Act extremely hard to calm or console?	1	2	3	4	5	6	7	YES	NO		
8. Show no interest in toys, other children, or animals?	1	2	3	4	5	6	7	YES	NO		
9. Seem agitated and upset for no reason?	1	2	3	4	5	6	7	YES	NO		
<b>Total Score</b> (items 1 through 9 ONLY)							<b>/63</b>	<b>/9</b> (1 per YES)			

