

Child's Name: _____

Date: _____

Visit #: _____

Completed By (specific): _____

GENERAL BEHAVIOR INVENTORY Parent Version (P-GBI)

Here are some questions about behaviors that occur in the general population. Think about how often they occur for your child. Using the scale below, select the number that best describes how often your child experienced these behaviors **over the past year**:

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often Almost Constantly

Keep the following points in mind:

Frequency: you may have noticed a behavior as far back as childhood or early teens, or you may have noticed it more recently. In either case, estimate how frequently the behavior has occurred **over the past year**.

For example: if you noticed a behavior when your child was 5, and you have noticed it over the past year, mark your answer “**often**” or “**very often - almost constantly**”. However, if your child has experienced a behavior during only one isolated period in his/her life, but not outside that period, mark your answer “**never - hardly ever**” or “**sometimes**”.

Duration: many questions require that a behavior occur for an approximate duration of time (for example, “several days or more”). The duration given is a **minimum** duration. If your child usually experiences a behavior for shorter durations, mark the question “**never - hardly ever**” or “**sometimes**”.

Changeability: what matters is not whether your child can get rid of certain behaviors if he/she has them, but whether these behaviors have occurred at all. So even if your child can get rid of these behaviors, you should mark your answer according to how frequently he/she experiences them.

Your job, then, is to rate how frequently your child has experienced a behavior, over the past year, for the duration described in the question. Please read each question carefully, and record your answer next to each question.

Name _____ Date _____ Rater _____ Visit # _____

0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly
0 1 2 3	1.	Have there been periods in your child's life over the past year when it was almost impossible to make small decisions even though this may not be generally true of him/her?	
0 1 2 3	2.	Have you found your child's enjoyment in being with people changes -- from times when he/she enjoys them immensely and wants to be with them all the time, to times when he/she does not want to see them at all?	
0 1 2 3	3.	Has your child become sad, depressed, or irritable for several days or more without really understanding why?	
0 1 2 3	4.	Has your child experienced periods of several days or more when, although he/she was feeling unusually happy and intensely energetic (clearly more than your child's usual self), he/she was also physically restless, unable to set still, and had to keep moving or jumping from one activity to another?	
0 1 2 3	5.	Have there been periods of several days or more when your child felt he/she needed more sleep, even though he/she slept longer at night or napped more during the day (not including times of exercise, physical illness, or heavy work schedules)?	
0 1 2 3	6.	Have people said that your child looked sad or lonely?	
0 1 2 3	7.	Have there been periods of several days or more when your child was almost constantly active such that others told you they couldn't keep up with him/her or that he/she wore them out?	
0 1 2 3	8.	Have there been periods of several days or more when your child could not keep his/her attention on any one thing for more than a few seconds, and his/her mind jumped rapidly from one thought to another or to things around him/her?	
0 1 2 3	9.	Have there been periods lasting several days or more when your child lost almost all interest in people close to him/her and spent long times by himself/herself?	
0 1 2 3	10.	Has your child had periods of several days or more when food seemed rather flavorless and he/she didn't enjoy eating at all?	

Name _____ Date _____ Rater _____ Visit # _____

0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly
0 1 2 3	11.	Have there been periods of several days or more when your child's friends or other family members told you that your child seemed unusually happy or high – clearly different from his/her usual self or from a typical good mood?	
0 1 2 3	12.	Have there been times when your child's memory or concentration seemed especially poor and he/she found it difficult, for example, to read or follow a TV program, even though he/she tried?	
0 1 2 3	13.	Have there been times when your child lost almost all interest in the things that he/she usually likes to do (such as hobbies, school, work, entertainment)?	
0 1 2 3	14.	Has your child had periods of sadness and depression when almost everything gets on his/her nerves and makes him/her irritable or angry (other than related to the menstrual cycle)?	
0 1 2 3	15.	Have there been times of several days or more when your child did not feel the need for sleep and was able to stay awake and alert for much longer than usual because he/she was full of energy?	
0 1 2 3	16.	Has your child had long periods in which he/she felt that he/she couldn't enjoy life as easily as other people?	
0 1 2 3	17.	Has your child had periods of several days or more when he/she wanted to be with people so much of the time that they asked your child to leave them alone for awhile?	
0 1 2 3	18.	Have there been times of several days or more when your child was so tired and worn out that it was very difficult or even impossible to do his/her normal everyday activities (not including times of intense exercise, physical illness, or heavy work schedules)?	
0 1 2 3	19.	Has your child's mood or energy shifted rapidly back and forth from happy to sad or high to low?	
0 1 2 3	20.	Have there been periods lasting several days or more when your child spent much of his/her time brooding about unpleasant things that have happened?	
0 1 2 3	21.	Have there been times when your child felt that he/she was physically cut off from other people or from himself/herself, or felt as if he/she was in a dream, or felt that the world looked different or had changed in some way?	

Name _____ Date _____ Rater _____ Visit # _____

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often Almost Constantly
0 1 2 3	22.	Has your child had periods of extreme happiness and intense energy lasting several days or more when he/she also felt much more anxious or tense (jittery, nervous, uptight) than usual (other than related to the menstrual cycle)?	
0 1 2 3	23.	Have there been times of several days or more when your child was so sad that it was quite painful for him/her, or he/she felt that he/she couldn't stand it?	
0 1 2 3	24.	Have you found that your child's enjoyment in eating changes – from periods of two or more days when food tastes exceptionally good, clearly better than usual, to other periods of several days or more when food seems rather flavorless and perhaps your child doesn't enjoy eating at all?	
0 1 2 3	25.	Have there been times of several days or more when your child wakes up much too early in the morning and has problems getting back to sleep?	
0 1 2 3	26.	Has your child had periods when he/she was so down that he/she found it hard to start talking or that talking took too much energy?	
0 1 2 3	27.	Have there been times of several days or more when, although your child was feeling unusually happy and intensely energetic (clearly more than his/her usual self), he/she also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?	
0 1 2 3	28.	Have there been periods <i>other than when your child was physically ill</i> that he/she had more than one of the following: (a) headaches or feelings of tightness, pressure, or “wooziness” in his/her head; (b) dizziness; (c) constipation or diarrhea; (d) aches and pains; (e) nausea, vomiting, or stomach aches; (f) blurred vision; (g) trembling or shaking hands; or (h) feeling too hot or too cold?	
0 1 2 3	29.	Has your child experienced periods of several days or more when he/she was feeling down and depressed, and he/she also was physically restless, unable to sit still, and had to keep moving or jumping from one activity to another?	

Name _____ Date _____ Rater _____ Visit # _____

0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly
0 1 2 3	30.	Have there been times lasting several days or more when your child felt he/she must have lots of excitement, and he/she actually did a lot of new or different things?	
0 1 2 3	31.	Has your child had periods of extreme happiness and intense energy (clearly more than his/her usual self) when, for several days or more, it took him/her over an hour to get to sleep at night?	
0 1 2 3	32.	Over the past year, have there been times when your child looked back over his/her life and could see only failures or hardships?	
0 1 2 3	33.	Has your child experienced times of several days or more when he/she felt as if he/she was moving in slow motion?	
0 1 2 3	34.	Over the past year, have there been long periods in your child's life when he/she felt sad, depressed, or irritable most of the time?	
0 1 2 3	35.	Has it seemed that your child experiences both pleasurable and painful emotions more intensely than other people?	
0 1 2 3	36.	Have there been periods of several days or more when your child felt guilty and thought he/she deserved to be punished for something he/she had or had not done?	
0 1 2 3	37.	Has your child had times of several days or more when he/she woke up frequently or had trouble staying asleep during the middle of the night?	
0 1 2 3	38.	Has your child had periods of extreme happiness and high energy lasting several days or more when what your child saw, heard, smelled, tasted, or touched seemed vivid or intense?	
0 1 2 3	39.	Have there been times when your child was feeling low and depressed, and he/she also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?	
0 1 2 3	40.	Have you found that your child's feelings or energy are generally up or down, but rarely in the middle?	
0 1 2 3	41.	Has your child had periods of several days or more when it was difficult or almost impossible to think and his/her mind felt sluggish, stagnant, or "dead"?	

Name _____ Date _____ Rater _____ Visit # _____

0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly
0 1 2 3 42.	Have there been times when your child had a strong urge to do something mischievous, destructive, risky, or shocking?		
0 1 2 3 43.	Have there been periods of several days or more when your child's thinking was so clear and quick that it was much better than most other people's?		
0 1 2 3 44.	Have there been times when your child exploded at others and afterwards felt bad about himself/herself?		
0 1 2 3 45.	Over the past year, have there been times of several days or more when your child was so down that nothing (not even friends or good news) could cheer him/her up?		
0 1 2 3 46.	Have there been times of several days or more when your child felt that he/she was a very important person or that his/her abilities or talents were better than most other people's?		
0 1 2 3 47.	Have there been times when your child hated himself/herself or felt that he/she was stupid, ugly, unlovable, or useless?		
0 1 2 3 48.	Have you found that your child's thinking changes greatly – that there are periods of several days or more when he/she thinks better than most people, and other periods when his/her mind doesn't work well at all?		
0 1 2 3 49.	Have there been times of a day or more when your child had no feelings or emotions and seemed cut off from other people?		
0 1 2 3 50.	Has your child had sad and depressed periods lasting several days or more when he/she also felt much more anxious or tense (jittery, nervous, uptight) than usual (other than related to the menstrual cycle)?		
0 1 2 3 51.	Have there been times when your child has done things – like perhaps driving recklessly, taking a trip on the spur of the moment, creating a public disturbance, being more sexually active than usual, getting into fights, destroying property, or getting into trouble with the law – which he/she later thought showed poor judgment?		
0 1 2 3 52.	Has your child had periods of sadness and depression when, for several days or more, it took him/her over an hour to get to sleep at night, even though he/she was very tired?		

Name _____ Date _____ Rater _____ Visit # _____

0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly
0 1 2 3 53.	Has your child had periods lasting several days or more when he/she felt depressed or irritable, and then other periods of several days or more when he/she felt extremely high, elated, and overflowing with energy?		
0 1 2 3 54.	Have there been periods when, although your child was feeling unusually happy and intensely energetic, almost everything got on his/her nerves and make him/her irritable or angry (other than related to the menstrual cycle)?		
0 1 2 3 55.	Have there been times when upsetting or bad thoughts kept going through your child's mind and he/she couldn't stop them?		
0 1 2 3 56.	Have there been times of several days or more when your child really got down on himself/herself and felt worthless?		
0 1 2 3 57.	Have there been times when your child had blank spells in which his/her activities were interrupted, and he/she did not know what was going on around him/her?		
0 1 2 3 58.	Has your child had sad and depressed periods of several days or more, interrupted by periods lasting between an hour to a day when he/she felt extremely happy and intensely energetic?		
0 1 2 3 59.	Have there been periods of several days or more when your child was slowed down and couldn't move as quickly as usual?		
0 1 2 3 60.	Has your child experienced weight changes (increases, decreases, or both) of five (5) pounds or more in short periods of time (three weeks or less), not including changes due to physical illness, menstruation, exercise, or dieting?		
0 1 2 3 61.	Have there been periods of a couple days or more when your child's sexual feelings and thoughts were almost constant, and he/she couldn't think about anything else?		
0 1 2 3 62.	Has your child had periods when it seemed that the future was hopeless and things could not improve?		
0 1 2 3 63.	Have there been periods lasting several days or more when your child was so down in the dumps that he/she thought he/she might never snap out of it?		

Name _____ Date _____ Rater _____ Visit # _____

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often Almost Constantly
0 1 2 3 64.	Has your child had times when his/her thoughts and ideas came so fast that he/she couldn't get them all out, or they came so quickly others complained that they couldn't keep up with your child ideas?		
0 1 2 3 65.	Have there been times of several days or more when your child felt very down and depressed during the early part of the day, but then less so during the evening?		
0 1 2 3 66.	Have there been times when your child began many new activities with lots of enthusiasm and then found himself/herself quickly losing interest in them?		
0 1 2 3 67.	Have you found that your child's mood consistently follows the seasons, where he/she has long periods of depression during the winter but mostly happy periods during the summer?		
0 1 2 3 68.	Has your child had long periods when he/she was down and depressed, interrupted by brief periods when his/her mood was normal or slightly happy?		
0 1 2 3 69.	Have there been times of several days or more when your child has struggled to control an urge to cry, has had frequent crying spells, or found himself/herself crying without really understanding why (other than related to the menstrual cycle)?		
0 1 2 3 70.	Have there been times of several days or more when almost all sexual interest was lost?		
0 1 2 3 71.	Has your child found himself/herself at times feeling fearful or suspicious or his/her environment or people around him/her?		
0 1 2 3 72.	Have there been periods of time when your child felt a persistent sense of gloom?		
0 1 2 3 73.	Have there been times when your child felt that he/she would be better off dead?		

Name _____ Date _____ Rater _____ Visit # _____

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often Almost Constantly

1 2 74.* Has your child had (or does he/she still have) a life-threatening or very serious chronic medical illness (including a physical handicap) in the past year?

1) Yes 2) No

1 2 75.* Has your child had any hormonal or endocrine problems, or taken hormones as a treatment, any time in the last five (5) years (not including birth control pills)?

1) Yes 2) No

1 2 76.* Has a close relative of your child's died or experienced a life-threatening illness in the past three months?

1) Yes 2) No

* Not included in GBI scale scores.