



Clinical Practice & Epidemiology in Mental Health

Content list available at: <https://clinical-practice-and-epidemiology-in-mental-health.com>



CORRIGENDUM

Child and Adolescent Behavior Inventory (CABI): A New Instrument for Epidemiological Studies and Pre-Clinical Evaluation

Carlo Cianchetti^{1,*}, Andrea Pittau², Valeria Carta², Grazia Campus², Roberta Littarru², Maria Giuseppina Ledda¹, Alessandro Zuddas¹ and Giuseppina Sannio Fancello²

¹Clinic of Child and Adolescent Neuropsychiatry, University Azienda Ospedaliero-Universitaria, Cagliari, Italy

²Gnosis Center for Neuropsychological and Emotional Evaluation, Cagliari, Italy

Article History	Received: June 18, 2012	Revised: September 28, 2012	Accepted: December 4, 2012
------------------------	-------------------------	-----------------------------	----------------------------

Child and Adolescent Behavior Inventory (CABI): A New Instrument for Epidemiological Studies and Pre-Clinical Evaluation

Clinical Practice & Epidemiology in Mental Health, 2013, 9: 51-61

Correction:

Few corrections have been provided and replaced online in 15th, 20th, 21st and 22nd rows of the Appendix.

Original:

C.A.B.I. QUESTIONNAIRE FOR PARENTS By Carlo Cianchetti M.D., University of Cagliari, Italy

Name of child or youth: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth: ____/____/____	Age: _____ Class: _____ Date of compilation: ____/____/____
Compiler: mother (name) _____	father (name) _____

Instructions: The following statements refer to problems which may be present in children/youth. Please answer as regards your child and what has taken place during the last six months. For each statement, ask yourself if the situation is **very true, somewhat or sometimes true, or not true**. Answer by marking an “X” in the appropriate square. Some questions may

not apply to your son or daughter if he/she is very young, as the questionnaire also regards adolescents; however, please answer all the questions. If the meaning of one or more questions is unclear to you, or you are unable to answer, immediately note the number of the question/s at the bottom of the questionnaire and when you hand it in, ask for explanations.

		Very True	Somewhat or Sometimes True	Not True
1	Your son/daughter often complains about some physical discomfort (for example: a headache, stomach ache, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	He is excessively worried about illnesses and/or that he will get ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Very True	Somewhat or Sometimes True	Not True
3	He finds it difficult to fall asleep or says he does not sleep well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	His sleep is disturbed by nightmares or waking up during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	He appears tense and/or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	He tends to worry about everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	He worries about school too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	It is hard for him to be separated or far from his parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	He is excessively shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	He is usually embarrassed around strangers or people he does not know very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	He is excessively afraid of something (e.g. the dark, being alone, insects, thieves) Specify what he is afraid of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	He is excessively afraid of dirt, so he has to wash continually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	There are repetitive actions or "rituals" that he frequently repeats and he says he cannot help doing them, If yes, describe which ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	He has an obsessive need for things to be in a precise order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	He is vepleasant thoughts and cannot free himself from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	He is very afraid of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	It is hard for him to make decisions, even about unimportant things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Has he ever been involved in or witnessed particularly stressful events, after which his behaviour changed in some way? If true, indicate what behavioural changes occurred after the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	He cries for no reason or about unimportant things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	He is often in a black mood ("depressed")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	He says or shows that he is not happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	He shows no interest, not even in pleasant things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	He shows no interest, not even in pleasant thibgs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	He feels inferior to others; he has low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	He is often tired or listless; everything exhausts him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	He blames himself too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	He has sometimes said he does not want to live any longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	He has hurt himself or tried to hurt himself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	He is very irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	He often gets angry, even about unimportant things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	He has frequent mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	He is quick-tempered and has fits of anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	He does not obey and it is difficult to make him obey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	He does not follow the rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	He often tells lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	He is domineering and always wants to assert himself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	He quarrels frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	He bothers and intentionally annoys others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	He often hits people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	He destroys things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	He is or has been cruel to animals or people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	He has committed petty theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	He is impulsive and acts before thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	He tends not to take turns when he is playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	He interrupts, disturbing games and others' conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	He is always moving around and cannot stay still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	He cannot sit down for a long time but has to get up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	He runs and jumps everywhere in an exaggerated way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	He has trouble concentrating while doing his homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	He has trouble paying attention to something for a long period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	He gets tired very quickly even when he is playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	He feels persecuted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Very True	Somewhat or Sometimes True	Not True
53	He is overly suspicious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Sometimes he has strange ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Sometimes he says he sees or hears things that are not there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	He has difficulty in relating to and interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	He cannot make real friends or does not seem interested in doing so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	He does not play willingly with his peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	He does not seem to express emotions using appropriate facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	His behaviour is "strange", unlike that of his peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	He asks inappropriate questions, like overly-personal questions to strangers at inopportune times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	He sometimes wets the bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	He sometimes dirties his pants during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	He stuffs himself with food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	He keeps to a strict diet (not prescribed by a doctor or dietician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	He feels too fat or says that parts of his body are too fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	He has recently lost a lot of weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	He appears to be overly interested in sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	He shows he would like to be of the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	He smokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	He drinks alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	He uses drugs (smokes hashish or other dangerous substances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	He does not do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	He has recently done much worse at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	His classmates or other children make fun of him, threaten or mistreat him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrected:

C.A.B.I.
QUESTIONNAIRE FOR PARENTS
 By Carlo Cianchetti M.D., University of Cagliari, Italy

Name of child or youth: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth: ____ / ____ / ____	Age: ____ Class: ____ Date of compilation: ____ / ____ / ____
Compiler: mother (name) _____	father (name) _____

Instructions: The following statements refer to problems which may be present in children/youth. Please answer as regards your child and what has taken place during the last six months. For each statement, ask yourself if the situation is **very true, somewhat or sometimes true, or not true**. Answer by marking an "X" in the appropriate square. Some questions may

not apply to your son or daughter if he/she is very young, as the questionnaire also regards adolescents; however, please answer all the questions. If the meaning of one or more questions is unclear to you, or you are unable to answer, immediately note the number of the question/s at the bottom of the questionnaire and when you hand it in, ask for explanations.

		Very True	Somewhat or Sometimes True	Not True
1	Your son/daughter often complains about some physical discomfort (for example: a headache, stomach ache, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	He is excessively worried about illnesses and/or that he will get ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Very True	Somewhat or Sometimes True	Not True
3	He finds it difficult to fall asleep or says he does not sleep well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	His sleep is disturbed by nightmares or waking up during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	He appears tense and/or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	He tends to worry about everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	He worries about school too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	It is hard for him to be separated or far from his parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	He is excessively shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	He is usually embarrassed around strangers or people he does not know very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	He is excessively afraid of something (e.g. the dark, being alone, insects, thieves) Specify what he is afraid of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	He is excessively afraid of dirt, so he has to wash continually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	There are repetitive actions or "rituals" that he frequently repeats and he says he cannot help doing them, If yes, describe which ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	He has an obsessive need for things to be in a precise order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	He is obsessed by unpleasant thoughts and cannot free himself from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	He is very afraid of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	It is hard for him to make decisions, even about unimportant things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Has he ever been involved in or witnessed particularly stressful events, after which his behaviour changed in some way? If true, indicate what behavioural changes occurred after the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	He cries for no reason or about unimportant things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	He often seems sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	He is often in a black mood ("depressed")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	He says or shows that he is not happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	He shows no interest, not even in pleasant things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	He feels inferior to others; he has low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	He is often tired or listless; everything exhausts him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	He blames himself too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	He has sometimes said he does not want to live any longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	He has hurt himself or tried to hurt himself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	He is very irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	He often gets angry, even about unimportant things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	He has frequent mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	He is quick-tempered and has fits of anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	He does not obey and it is difficult to make him obey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	He does not follow the rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	He often tells lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	He is domineering and always wants to assert himself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	He quarrels frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	He bothers and intentionally annoys others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	He often hits people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	He destroys things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	He is or has been cruel to animals or people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	He has committed petty theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	He is impulsive and acts before thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	He tends not to take turns when he is playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	He interrupts, disturbing games or others' conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	He is always moving around and cannot stay still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	He cannot sit down for a long time but has to get up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	He runs and jumps everywhere in an exaggerated way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	He has trouble concentrating while doing his homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	He has trouble paying attention to something for a long period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	He gets tired very quickly even when he is playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	He feels persecuted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	He is overly suspicious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Very True	Somewhat or Sometimes True	Not True
54	Sometimes he has strange ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Sometimes he says he sees or hears things that are not there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	He has difficulty in relating to and interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	He cannot make real friends or does not seem interested in doing so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	He does not play willingly with his peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	He does not seem to express emotions using appropriate facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	His behaviour is "strange", unlike that of his peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	He asks inappropriate questions, like overly-personal questions to strangers at inopportune times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	He sometimes wets the bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	He sometimes dirties his pants during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	He stuffs himself with food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	He keeps to a strict diet (not prescribed by a doctor or dietician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	He feels too fat or says that parts of his body are too fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	He has recently lost a lot of weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	He appears to be overly interested in sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	He shows he would like to be of the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	He smokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	He drinks alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	He uses drugs (smokes hashish or other dangerous substances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	He does not do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	He has recently done much worse at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	His classmates or other children make fun of him, threaten or mistreat him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>