Infant Attachment Checklist

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Child's Name:	Date:	_ Date:		
Parent's Name:				

	Symptoms	None	Mild	Moderate	Severe
1	Cries; miserable all the time; chronically fussy	0	123	4567	8 9 10
2	Resists comforting or nurturance	0	123	4567	8 9 10
3	3 Resists or dislikes being held		123	4567	8 9 10
4	4 Poor eye contact or avoids eye contact		123	4567	8 9 10
5	5 Flat, lifeless affect (too quiet)		123	4567	8 9 10
6	Likes playpen or crib more than being held	0	123	4567	8 9 10
7	Rarely cries (overly good baby)	0	123	4567	8 9 10
8	Angry or rageful when cries	0	123	4567	8 9 10
9	Exceedingly demanding	0	123	4567	8 9 10
10	Looks sad or empty-eyed	0	123	4567	8 9 10
11	Wants to hold the bottle as soon as possible	0	123	4567	8 9 10
12	Stiffens or becomes rigid when held	0	123	4567	8 9 10
13	Prefers being held with back toward mother	0	123	4567	8 9 10
14	Does not hold on when held (no reciprocal holding)	0	123	4567	8 9 10
15	When held chest to chest, faces away	0	123	4567	8 9 10
16	Does not return or reciprocate hugs	0	123	4567	8 9 10
17	Generally unresponsive to parent	0	123	4567	8 9 10
18	Cries or rages when held beyond his wishes	0	123	4567	8 9 10
19	Overly independent play or makes no demands	0	123	4567	8 9 10
20	Reaches for others to hold him rather than parent	0	123	4567	8 9 10
21	Little or reduced verbal responsiveness	0	123	4567	8 9 10
22	Does not return smiles	0	123	4567	8 9 10
23	Shows very little imitative behavior	0	123	4567	8 9 10
24	24 Prefers Dad to Mom		123	4567	8 9 10
25	Gets in and out of parents lap frequently	0	123	4567	8 9 10
26	Physically restless when sleeping	0	123	4567	8 9 10
27	Does not react to pain (high pain tolerance)	0	123	4567	8 9 10