

HOME SITUATIONS QUESTIONNAIRE

Child's name Date.....

Name of person completing this form

Instructions: Does your child present any problems with compliance to instructions, commands, or rules for you in any of these situations? If so, please circle the word yes and then circle a number beside that situation that describes how severe the problem is for you. If your child is not a problem in a situation, circle No and go on to the next situation on the form.

Situations	Yes/No		If yes how severe?								
	(circle one)		Mild (circle one)			Severe					
Playing alone	Yes	No	1	2	3	4	5	6	7	8	9
Playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
Mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed/undressed	Yes	No	1	2	3	4	5	6	7	8	9
Washing and bathing	Yes	No	1	2	3	4	5	6	7	8	9
When you are on the telephone	Yes	No	1	2	3	4	5	6	7	8	9
Watching television	Yes	No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes	No	1	2	3	4	5	6	7	8	9
When you are visiting someones home	Yes	No	1	2	3	4	5	6	7	8	9
In public places (resturants, stores church etc)	Yes	No	1	2	3	4	5	6	7	8	9
When father is home	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do homework	Yes	No	1	2	3	4	5	6	7	8	9
At bedtime	Yes	No	1	2	3	4	5	6	7	8	9
While in the car	Yes	No	1	2	3	4	5	6	7	8	9
When with a babysitter	Yes	No	1	2	3	4	5	6	7	8	9

.....For Office Use Only.....

Total number of problem settings.....Mean severity score.....