

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?								
	<i>(circle one)</i>		<i>Mild</i>			<i>(circle one)</i>			<i>Severe</i>		
While playing alone	Yes	No	1	2	3	4	5	6	7	8	9
While playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
At mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed or 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
While you are on the phone	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 someone's home	Yes	No	1	2	3	4	5	6	7	8	9
In public places (restaurants, 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