

## HOME SITUATIONS QUESTIONNAIRE

Name of Child \_\_\_\_\_

Name of Person completing this form \_\_\_\_\_

Does this child present any behavior problems in any of these situations? If so, indicate how severe they are.

Situation	Yes/No		If yes, how severe? (circle one)								
	(circle one)		Mild					Severe			
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
Mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed	Yes	No	1	2	3	4	5	6	7	8	9
Washing/bathing	Yes	No	1	2	3	4	5	6	7	8	9
While you are on the telephone	Yes	No	1	2	3	4	5	6	7	8	9
While watching TV	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 else	Yes	No	1	2	3	4	5	6	7	8	9
In supermarkets, stores, church, restaurants, or other public places	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores at home	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
While with a babysitter	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 homework	Yes	No	1	2	3	4	5	6	7	8	9