

### Home Situations Questionnaire

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

*Instructions:* Does your child present any problems with compliances to instructions, commands, or rules in any of these situations? If so, please circle the word *Yes* and then circle a number beside the situation that describes how severe the problem is for you. If your child is not a problem in these situations, 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
When you are on the telephone	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, churches, ect)	Yes	No	1	2	3	4	5	6	7	8	9
When parents are in the 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
When riding 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