

HOME SITUATIONS QUESTIONNAIRE

(R.A. Barkley, 1981)

Child's Name _____ Date: _____

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 by circling the appropriate number:

<u>Situation</u>	<u>Yes/No</u>		<u>If yes, how severe?</u>								
			<u>Mild</u>			<u>Severe</u>					
When playing alone	Yes	No	1	2	3	4	5	6	7	8	9
When playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
What at meals	Yes	No	1	2	3	4	5	6	7	8	9
When getting dressed	Yes	No	1	2	3	4	5	6	7	8	9
When washing/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
When watching T.V.	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
When in supermarkets, stores, 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
When going to bed	Yes	No	1	2	3	4	5	6	7	8	9
When 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
When at school	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do school homework	Yes	No	1	2	3	4	5	6	7	8	9