

# Home Situation Questionnaire for Young Children

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

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

Behavior of concern: \_\_\_\_\_

Does this child present any behavior problems for you in any of these situations? If yes, please indicate how severe the problems are:

Situation	Yes/No (circle one)		If Yes, how severe (circle one)									
	Yes	No	Mild	1	2	3	4	5	6	7	8	9
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	
While Dressing	Yes	No	1	2	3	4	5	6	7	8	9	
While 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 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 Else	Yes	No	1	2	3	4	5	6	7	8	9	
In Supermarkets, Stores, Churches, Restaurants, Other Public Places	Yes	No	1	2	3	4	5	6	7	8	9	
When Asked to Do Something	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	

Adapted from Barkely, R.A., & Edelbrock, C. (1987). Assessing Situational Variation in Children's Problem Behaviors: The Home and School Situations Questionnaires in R.J. Prinz (Ed.), *Advances in Behavioral Assessment of Children and Families, Volume 3*, pp. 157-176, JAI Press.