

Home Situations Questionnaire – Modified for ASD [v 3.0]

ID #	Name	____ / ____ / <u>2</u> <u>0</u> ____ <small>m m d d y y y y</small>
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Informant (Circle one): Mother Father Guardian (not mother or father)

Instructions: Over the past **four weeks**, has your child had problems with following instructions, commands, or rules in any of these situations? If so, please select the word **Yes** and then circle a number beside that situation that describes how severe the problem is for you. If your child does not have a problem in a situation, select **No** and go on the next situation on the form.

Mild Severity (ratings 1-3)

- No or mild interruption to family routines or activities
- Adults do not hesitate to make requests or set limits as needed
- Child may protest mildly or avoid

Moderate Severity (ratings 4-6)

- Some or frequent interruptions to family routines or activities
- Adults sometimes or often hesitate to issue make requests or demands
- Child is likely to respond negatively

Significant Severity (ratings 7-9)

- Frequent or consistent interruption to family routines or activities
- Adults almost always hesitate to make requests or demands in this situation
- Child almost always responds in an intensely negative way

Situations	Yes/No	Mild			Moderate			Severe		
1. While playing with other children.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
2. When asked to put away toys, books, or other personal items.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
3. When asked to come to dinner table.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
4. Getting dressed	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
5. Washing and bathing.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
6. When needing to use the toilet.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
7. When told to brush teeth.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
8. While you are on the telephone.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
9. When visitors are in your home.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
10. When you are visiting someone's home..	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
11. In public places	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
12. When father (other caregiver) is home..	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
13. When asked to wash hands at meal and other times.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
14. At bedtime.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
15. When with a babysitter	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
16. Getting up in the morning.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
17. Response to household rules.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
18. Getting ready to go to school	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
19. When asked to put clothes (including jackets, shoes etc) in proper places	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
20. When asked to move from one activity to another.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
21. When there is an unexpected change in daily routine	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
22. When asked to get ready to leave the house	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
23. When attending a large group event	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9
24. When taken to necessary appointment...	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5	6	7	8	9

Total number of problem settings _____ Sum of severity scores _____ Mean severity score _____