

## Questionnaire of Concern for Problem Behavior (From Jessel et al., 2018)

Client name: \_\_\_\_\_

Interviewee: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

*Part 1. Problem Behavior or Deficits*

**FEEDING**

1. Willingly eats when instructed
2. Eats an acceptable variety of foods
3. Stays calm during meals

4. Does not attempt to leave the table frequently

**TOILETING**

1. Does not require a pull-up or diaper when awake
2. Doesn't physically resist attempts to place him on the toilet
3. Goes through the night without accidents

**COMMUNICATION**

1. Communicates using words
2. Communicates using gestures / pictures / signs
3. Communication is understandable by familiar adults

**FOLLOWING INSTRUCTIONS**

1. Complies with the majority of everyday instructions within 5-10 seconds

**SELF-HELP SKILLS**

1. Calm during toothbrushing
2. Calm when getting dressed
3. Calm during bathing
4. Brushes teeth independently
5. Dresses self independently

**AGGRESSION**

1. Hitting or slapping others
2. Biting people
3. Throwing items or acting in another manner which presents a risk to other people

**SELF-INJURY**

1. Hitting him/herself
2. Banging their head on objects
3. Biting themselves

**GENERAL PROBLEM BEHAVIOR**

1. Runs away from adults
2. Says inappropriate things to people
3. touches / handles things they are not allowed to touch
4. Sharing preferred items with other children

	Not concerned at all	Not very concerned	Somewhat concerned	Major concern	N/A
1. Willingly eats when instructed					
2. Eats an acceptable variety of foods					
3. Stays calm during meals					
4. Does not attempt to leave the table frequently					
1. Does not require a pull-up or diaper when awake					
2. Doesn't physically resist attempts to place him on the toilet					
3. Goes through the night without accidents					
1. Communicates using words					
2. Communicates using gestures / pictures / signs					
3. Communication is understandable by familiar adults					
1. Complies with the majority of everyday instructions within 5-10 seconds					
1. Calm during toothbrushing					
2. Calm when getting dressed					
3. Calm during bathing					
4. Brushes teeth independently					
5. Dresses self independently					
1. Hitting or slapping others					
2. Biting people					
3. Throwing items or acting in another manner which presents a risk to other people					
1. Hitting him/herself					
2. Banging their head on objects					
3. Biting themselves					
1. Runs away from adults					
2. Says inappropriate things to people					
3. touches / handles things they are not allowed to touch					
4. Sharing preferred items with other children					

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*Part 2. Challenging Situations*

	Almost never a problem	Problems are minor or rare	Presents a moderate problem	Presents a serious problem	N/A
<b>SCHOOL</b>					
1. Teacher reports of challenging behavior at school					
<b>INTERACTION W/ FAMILY / OTHER ADULTS</b>					
1. Attending family events / holidays					
2. Being left with a baby-sitter/daycare					
<b>INTERACTIONS W/ SIBLINGS / PEERS</b>					
1. Sharing toys					
2. Being around groups of kids (school, daycare)					
<b>MEALTIME</b>					
1. Eats the food the family is eating					
2. Behaving appropriately at the table (unrelated to being picky or not eating)					
<b>BEHAVIOR IN PUBLIC</b>					
1. Walking through stores					
2. Being in stores / restaurants / places they don't like					
3. Walking past or leaving places they like (toy store, candy aisle, etc.)					
4. Riding in the car					
<b>BED TIME</b>					
1. Getting ready (PJs, brushing teeth, etc.)					
2. Lying down when told it's bed time					
3. Staying in their own bedroom through the night					

**PARENT PRIORITIES**

Please describe the reason for your child's enrollment in this program and their therapy goals. (E.g., won't eat new foods, hits others, says mean things to siblings, won't comply with instructions, etc.)