

Defiance in Various Home Situations

If your child disobeys or defies your instructions, commands, or rules in any of the following situations, circle *Yes*, then circle the number that reflects how severe the problem is for you. If not, circle *No*. Then add up the “yes” answers you circled and calculate the average severity rating. Save your answers for later comparison.

Situations	Yes/No		Mild									Severe																	
	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
While playing alone	Yes	No	1	2	3	4	5	6	7	8	9	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	1	2	3	4	5	6	7	8	9									
At mealtimes	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
Getting dressed	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
Washing and bathing	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
While you are on the phone	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
While watching TV	Yes	No	1	2	3	4	5	6	7	8	9	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	1	2	3	4	5	6	7	8	9									
While visiting someone else	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
In public (restaurants, stores, church, etc.)	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
When father is home	Yes	No	1	2	3	4	5	6	7	8	9	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	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	1	2	3	4	5	6	7	8	9									
At bedtime	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
While in the car	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
When with a babysitter	Yes	No	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9									
Total number of problem situations _____			Mean severity score _____																										

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Profile of Your Child's Temperament

Problems with impulse control:

1 2 3 4 5 6 7 8 9 10

Does the child shout out whatever he feels like saying, whether it's in the backyard or in a theater? Does she grab what she wants wherever she is, perhaps hitting other children when they get in her way? Does he have great difficulty taking turns or waiting in line or to get things he wants?

Problems with attention span:

1 2 3 4 5 6 7 8 9 10

Does the child spend less time than you'd expect watching, listening to, and otherwise reacting to what is going on around him or her? Is he easily distracted, unable to stick with things as long as others do?

Problems with activity level:

1 2 3 4 5 6 7 8 9 10

Does the child fidget, squirm, get up and down when she should stay seated, run around, or otherwise move in ways that seem excessive or inappropriate for her age?

Impaired social interest and responsiveness:

1 2 3 4 5 6 7 8 9 10

Are possessions more important to the child than people? Does your son or daughter generally fail to make eye contact with others and to initiate play or conversation? Does the child show little concern for the effect he or she has on others?

Emotional dysregulation and irritability:

1 2 3 4 5 6 7 8 9 10

Is your child skittish and oversensitive, withdrawing at the slightest noise or touch or at the sight of sudden movement or other visual stimulation? Does stimulation by people or things make the child cranky or tearful? Is the child regularly theatrical, or impossible to console? Does your child have problems controlling his or her emotions once those feelings are provoked?

Problems with sleeping or eating:

1 2 3 4 5 6 7 8 9 10

Is your child a picky eater? As a baby, did the child develop colic easily? Does the child sleep irregularly, have trouble falling asleep or staying asleep? Did he or she sleep for only short periods as a baby?

Toilet training problems:

1 2 3 4 5 6 7 8 9 10

Was/is the child resistant to toilet training? Does the child have bedwetting or other elimination problems now?

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Health problems:

1 2 3 4 5 6 7 8 9 10

Physical or motor disabilities:

1 2 3 4 5 6 7 8 9 10

Developmental delays:

1 2 3 4 5 6 7 8 9 10

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Profile of Your Characteristics

Health problems:

1 2 3 4 5 6 7 8 9 10

Physical problems:

1 2 3 4 5 6 7 8 9 10

Emotional problems:

1 2 3 4 5 6 7 8 9 10

Thinking problems:

1 2 3 4 5 6 7 8 9 10

Problems with attention span:

1 2 3 4 5 6 7 8 9 10

Problems with activity level:

1 2 3 4 5 6 7 8 9 10

Problems with impulse control:

1 2 3 4 5 6 7 8 9 10

Problems with moodiness:

1 2 3 4 5 6 7 8 9 10

Problems with eating:

1 2 3 4 5 6 7 8 9 10

Problems with sleeping:

1 2 3 4 5 6 7 8 9 10

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Profile of Family Problems

Describe problems you perceive in each of the following areas, including how you believe they affect your child's behavior and your behavior toward your child.

1. Family health problems: _____

2. Marital problems: _____

3. Financial problems: _____

4. Behavior problems with other children in the family: _____

5. Occupational/employment problems: _____

6. Problems with relatives/in-laws: _____

7. Problems with friends: _____

8. Other sources of stress (religion, conflict over recreational activities for the family, drug or alcohol abuse, etc.): _____

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The Principles of Better Behavior

Three New Ways to Think and Act

1. Know your priorities.
2. Be proactive, not just reactive.
3. Act, don't yak.

Three New Ways to Relate

1. Try to see things the child's way.
2. Stop blaming.
3. Keep your distance.

The Principles behind Better Behavior

1. Make the consequences of behavior—good or bad—immediate.
2. Make consequences specific.
3. Make consequences consistent.
4. Establish incentive programs before punishment.
5. Anticipate and plan for misbehavior.

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How to Say “I Approve of You!” In So Many Words (and Gestures)

Nonverbal

Hug
Pat on the head or shoulder
Affectionate rubbing of hair
Placing arm around the child
Smiling
A light kiss
Giving a “thumbs-up” sign
A wink

Verbal

“I like it when you. . . .”
“It’s nice when you. . . .”
“You sure are a big boy/girl for. . . .”
“That was terrific the way you. . . .”
“Great job!”
“Nice going!”
“Terrific!”
“Super!”
“Fantastic!”
“My, you sure act grown up when
you. . . .”
“You know, six months ago you
couldn’t do that as well as you can
now—you’re really growing up
fast!”
“Beautiful!”
“Wow!”
“Wait until I tell your mom/dad how
nice you. . . .”
“What a nice thing to do. . . .”
“You did that all by yourself—way to
go!”
“Just because you behaved so well,
you and I will. . . .”
“I am very proud of you when
you. . . .”
“I always enjoy it when we . . . like
this.”

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Turning Questions into Statements

Question

“What are you doing?”

“Where did you learn that?”

“Why would you do it that way?”

“What color is that?”

“How is this supposed to work?”

Rephrased as . . .

“I don’t think I understand what’s happening here, but it sure looks interesting.”

“I’ve never seen you do that before now; I bet you learned that at school.”

“My, what a clever way to do this.”

“I don’t think I have ever seen a color quite like that one before.”

“You know, I’m really curious to see how all this will work when it’s done.”

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Behavior in Various School Situations

To the teacher: Does this child present any problems in complying with instructions, commands, or rules for you in any of these situations? If so, please circle *Yes* and then circle the number that describes the problem's severity. If not, circle *No*. Then add up the number of problem settings and calculate the average severity score of those problem settings.

Situations	Yes/No		Mild							Severe		
	Yes	No	1	2	3	4	5	6	7	8	9	
When arriving at school												
During individual desk time												
During small-group activities												
During free playtime in class												
During lectures to the class												
At recess												
At lunch												
In the halls												
In the bathroom												
On field trips												
During special assemblies												
On the bus												

Total number of problem settings _____ Mean severity score _____

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Daily School Behavior Report Card

Child's name _____ Date _____

Teachers: Please rate this child's behavior today in the areas listed below. Use a separate column for each subject or class period. Use the following ratings: 1 = excellent, 2 = good, 3 = fair, 4 = poor, and 5 = very poor. Then initial the box at the bottom of your column. Add any comments about the child's behavior today on the back of this card.

	Class periods/subjects						
Behaviors to be rated:	1	2	3	4	5	6	7
Class participation							
Performance of class work							
Follows classroom rules							
Gets along well with other children							
Quality of homework, if any given							
Teacher's initials							

Place comments on back of card.

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Daily School Behavior Report Card

Child's name _____ Date _____

Teachers: Please rate this child's behavior today in the areas listed below. Use a separate column for each subject or class period. Use the following ratings: 1 = excellent, 2 = good, 3 = fair, 4 = poor, and 5 = very poor. Then initial the box at the bottom of your column. Add any comments about the child's behavior today on the back of this card.

	Class periods/subjects						
Behaviors to be rated:	1	2	3	4	5	6	7
Class participation							
Performance of class work							
Follows classroom rules							
Gets along well with other children							
Quality of homework, if any given							
Teacher's initials							

Place comments on back of card.

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Behaviors to be rated:	Class periods/subjects						
	1	2	3	4	5	6	7
Teacher's initials							

Place comments on back of card.

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Child's name _____ Date _____

Teachers: Please rate this child's behavior today in the areas listed below. Use a separate column for each subject or class period. Use the following ratings: 1 = excellent, 2 = good, 3 = fair, 4 = poor, and 5 = very poor. Then initial the box at the bottom of your column. Add any comments about the child's behavior today on the back of this card.

Behaviors to be rated:	Class periods/subjects						
	1	2	3	4	5	6	7
Teacher's initials							

Place comments on back of card.

Daily Recess and Free Time Behavior Report Card

Child's name _____ Date _____

Teachers: Please rate this child's behavior today during recess or other free time periods in the areas listed below. Use a separate column for each recess/free time period. Use the following ratings: 1 = excellent, 2 = good, 3 = fair, 4 = poor, and 5 = very poor. Then initial at the bottom of the column. Add any comments on the back.

Behaviors to be rated:	Recess and free time periods				
	1	2	3	4	5
Keeps hands to self; does not push, shove					
Does not tease others; no taunting/put-downs					
Follows recess/free time rules					
Gets along well with other children					
Does not fight or hit; no kicking or punching					
Teacher's initials					

Place comments on back of card.

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Daily Recess and Free Time Behavior Report Card

Child's name _____ Date _____

Teachers: Please rate this child's behavior today during recess or other free time periods in the areas listed below. Use a separate column for each recess/free time period. Use the following ratings: 1 = excellent, 2 = good, 3 = fair, 4 = poor, and 5 = very poor. Then initial at the bottom of the column. Add any comments on the back.

Behaviors to be rated:	Recess and free time periods				
	1	2	3	4	5
Keeps hands to self; does not push, shove					
Does not tease others; no taunting/put-downs					
Follows recess/free time rules					
Gets along well with other children					
Does not fight or hit; no kicking or punching					
Teacher's initials					

Place comments on back of card.