

P A I

Please complete this form regarding your children between the ages of 2 and 10 years old.

Below is a list of situations that often make parents angry. After reading the description of a situation, place rate the situation in two ways:

- 1) Tell whether or not the situation **IS A PROBLEM** for you right now (or has been in the past month).
- 2) Tell **HOW MUCH** the situation makes you angry.

Use the letters and numbers below to show how you feel about each situation.

Has this situation been a problem for you in the past month?

Y = YES

N = NO

Circle "Y" or "N" under "Problem?"

How angry does this situation make you?

1 = not at all

2 = a little bit

3 = somewhat

4 = quite a bit

5 = extremely

Circle a number for each statement under "How Much?"

For each of the following problems, please rate all of column 1 (Problem?) first, and then rate all of column 2 (How Much?). It is important that you still rate how angry the situation makes you *whether or not* you rated it as a problem. Please ask the test administrator if you have any questions.

* * * PLEASE BE SURE TO CIRCLE A RESPONSE FOR EACH ITEM * * *

Problem ? (circle one)			How Much? (circle one)				
Y	N	1. Your child gets out of bed after being put in bed.	1	2	3	4	5
Y	N	2. You ask your child to do something and s/he won't do it.	1	2	3	4	5
Y	N	3. Your child complains (for example, because s/he has to turn off the T.V. or stop doing something fun).	1	2	3	4	5
Y	N	4. Your child makes messes around the house.	1	2	3	4	5
Y	N	5. Your child wastes things around the house (like toothpaste or food).	1	2	3	4	5
Y	N	6. Your child does something that bothers you over and over again (like playing music or singing a nursery rhyme or song).	1	2	3	4	5

Anger ratings

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Problem ? (circle one)				How Much? (circle one)				
Y	N	7. Your child does something (like playing with something of yours or going outside) without asking permission.	1	2	3	4	5	
Y	N	8. You tell your child to do something and s/he says, "I already did" when you know this is not true.	1	2	3	4	5	
Y	N	9. Your child gets into something s/he is not allowed to (like make-up or tools).	1	2	3	4	5	
Y	N	10. Your child does not make his/her bed in the morning.	1	2	3	4	5	
Y	N	11. Your child leaves his/her things laying around the house.	1	2	3	4	5	
Y	N	12. Your child does something you asked his/her not to do.	1	2	3	4	5	
Y	N	13. Your child screams and yells when you say "no" after s/he asks for something in a store or at home.	1	2	3	4	5	
Y	N	14. Your child screams and yells at his/her sisters and/or brothers.	1	2	3	4	5	
Y	N	15. Your child makes too much noise when you are busy working or talking.	1	2	3	4	5	
Y	N	16. Your child bothers you when you are busy working or talking.	1	2	3	4	5	
Y	N	17. Your child gets into things s/he shouldn't when you are at someone else's house.	1	2	3	4	5	
Y	N	18. Your child breaks things on purpose.	1	2	3	4	5	
Y	N	19. Your child doesn't listen to you in public.	1	2	3	4	5	
Y	N	20. Your child uses curse words when s/he talks to you.	1	2	3	4	5	
Y	N	21. Your child spills food or a drink.	1	2	3	4	5	

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Problem ? (circle one)				How Much? (circle one)				
Y	N	22. Your child pouts/puts on a long face because s/he can't have his/her way.	1	2	3	4	5	
Y	N	23. Your child say things that are not true on purpose.	1	2	3	4	5	
Y	N	24. Your child refuses to go to bed.	1	2	3	4	5	
Y	N	25. Your child plays too loudly.	1	2	3	4	5	
Y	N	26. Your child wets the bed.	1	2	3	4	5	
Y	N	27. Your child has a bowel movement in his/her pants.	1	2	3	4	5	
Y	N	28. Your child takes things that don't belong to him/her.	1	2	3	4	5	
Y	N	29. Your child won't answer you when you ask him/her a question.	1	2	3	4	5	
Y	N	30. Your child can't sit still.	1	2	3	4	5	
Y	N	31. Your child demands something immediately.	1	2	3	4	5	
Y	N	32. Your child pretends not to hear when you speak.	1	2	3	4	5	
Y	N	33. Your child does not share toys.	1	2	3	4	5	
Y	N	34. Your child interrupts you when you are talking with someone.	1	2	3	4	5	
Y	N	35. Your child constantly picks up things when you are in a store.	1	2	3	4	5	
Y	N	36. Your child constantly touches things when you are in a store.	1	2	3	4	5	
Y	N	37. Your child won't stay in his/her seat during car trips.	1	2	3	4	5	
Y	N	38. Your child's teacher calls on the phone to tell you about a school problem.	1	2	3	4	5	
Y	N	39. Your child screams, yells, and/or gets in fights during car trips.	1	2	3	4	5	

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Problem ? (circle one)				How Much? (circle one)				
Y	N	40.	Your child does poorly in school.	1	2	3	4	5
Y	N	41.	Your child cries (for a reason other than being physically hurt).	1	2	3	4	5
Y	N	42.	Your child throws food while at the table.	1	2	3	4	5
Y	N	43.	Your child repeatedly gets up and down from the dinner table before s/he is finished eating.	1	2	3	4	5
Y	N	44.	Your child doesn't do his/her chores.	1	2	3	4	5
Y	N	45.	Your child misbehaves after you have had a bad day.	1	2	3	4	5
Y	N	46.	Your child wanders away from home without telling you.	1	2	3	4	5
Y	N	47.	Your child does not comes right home from school.	1	2	3	4	5
Y	N	48.	Your child touches or plays with something dangerous.	1	2	3	4	5
Y	N	49.	Your child runs into the street.	1	2	3	4	5
Y	N	50.	Your child climbs on counters or other dangerous places around the house.	1	2	3	4	5