

A	D	Parent Behaviors	Total	TIME 1	2	3	4	5	Time Begin _____
		Acknowledge		Primary ____					Time End _____
		Physical Intrusion		Secondary ____					CODER ID# _____
		Critical Statements		Child Behaviors					Total
		Negative Command							A
		Critical							D
		Physical Negative		Physical Negative					
		Physical Positive		Destructive					
		Positive Affect		Smart Talk					
		Unlabeled Praise		Cry/Whine/Yell					
		Labeled Praise		Parent Ignore					
		Question		Pos Affect Nonverbal					
		Des Quest/Encourage		Positive Affect Verbal					
		Problem Solving		Physical Warmth					
		Reflective Question							
		Statement							
		Statement							
		Des Com/Encourage							
		Indirect Command							
		No Opp							
		Compliance							
		Noncompliance							
		Direct Command							
		No Opp							
		Compliance							
		Noncompliance							
		Grandma's Rule (pos)							
		No Opp							
		Compliance							
		Noncompliance							
		Warning (negative)			NA	M	F	A	D
		No Opp		Marital Critical Statements					
		Compliance		Sibling Deviance (3 or older)					
		Noncompliance							
		Time Out Warning							
		No Opp							
		Compliance							
		Noncompliance							

Agree =
 Disagree =
 Total =
 Reliability =

Data Tally Sheet

Family ID# _____ Date of Observation _____

Primary Observer _____ ID _____

Secondary Observer _____ ID _____

Mother _____ Target _____

Father _____ Sibling _____

Summary of Visit

Mother or Father Valence	1	2	3	4	5
	exuberant affect	positive affect	neutral affect	negative affect	unrestrained negative affect
Child Valence	1	2	3	4	5
	exuberant affect	positive affect	neutral affect	negative affect	unrestrained negative affect
Marital Valence	1	2	3	4	5
	highly supportive	supportive	neutral	conflict	high conflict