Negative Reinforcement Rating Scale (NRRS)

Please use the following scale to rate whether you think the activity is something your child would want to avoid:

1 Does not bother child at all	2 Sometimes bothers child	3 Often bothers child	4 Always both	hers child				
Doing self-care tasks (independently)								
Specify tasks:								
When being helped in a self-care task (e.g., brushing teeth, toileting)								
Specify tasks:								
Doing school work (at home and school)								
Specify tasks/topics:								
Doing work around the house								
Specify tasks:								
Going from one area/activity to another (transitioning)								
Specify area/activity:								
Doing work (of any kind) that is very difficult								
Specify tasks:								
Doing work that requires a lot of steps								
Specify tasks:								
Remaining in seat (or sitting still) for a long period (e.g., in a waiting room, at dinner table)								
When in pain or uncomfortable								
When the room/area is noisy								
When the room/area is crowded								
When unable to understand or hear people (e.g., be-								
cause of a visual/hearing impairment)								
When changing clothes (or diapers)								
Any other situations:								
				r	Total:			