

### Relationship Problems Questionnaire

Please tick the statement that best describes your child.

	Exactly like my child	Like my child	A bit Like my child	Not at all like my child	For Office Use Only
<i>Gets too physically close to strangers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
<i>Is too cuddly with people s/he doesn't know well</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
<i>Often asks very personal questions even though s/he does not mean to be rude</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3
<b>Can be aggressive towards him/herself e.g. using bad language about him/herself, headbanging, cutting etc.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4
<b>Has no conscience</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5
<i>Is too friendly with strangers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6
<b>Sometimes looks frozen with fear, without an obvious reason</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7
<b>If you approach him/her, he/she often runs away or refuses to be approached</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8
<b>There is a false quality to the affection s/he gives</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9
<b>If you approach him/her, you never know whether s/he will be friendly or unfriendly</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Scoring	3	2	1	0	

## Parent RPQ

Score by adding up scores on items 1-10.

Items 1,2,3 and 6 comprise the disinhibited subscale.

Items 4,5,7,8,9 and 10 comprise the inhibited subscale.