Child's Name: _____ Parent Name: _____

Date: _____ Clinician: _____

Selective Mutism Questionnaire* (SMQ)

Please consider your child's behavior and activities of the past month and rate how frequently each statement is true for your child.

AT SCHOOL

1. When appropriate, my child talks to most peers at school. **Always Often Seldom Never**

2. When appropriate, my child talks to selected peers (his/her friends) at school. **Always Often Seldom Never**

3. When my child is asked a question by his/her teacher, s/he answers. **Always Often Seldom Never**

4. When appropriate, my child asks his or her teacher questions. **Always Often Seldom Never**

5. When appropriate, my child speaks to most teachers or staff at school. **Always Often Seldom Never**

6. When appropriate, my child speaks in groups or in front of the class. **Always Often Seldom Never**

HOME/ FAMILY

7. When appropriate, my child talks to family members living at home when other people are present. **Always Often Seldom Never**

8. When appropriate, my child talks to family members while in unfamiliar places. **Always Often Seldom Never**

9. When appropriate, my child talks to family members that don't live with him/her (e.g. grandparent, cousin). **Always Often Seldom Never**

10. When appropriate, my child talks on the phone to his/her parents and siblings. **Always Often Seldom Never**

11. When appropriate, my child speaks with family friends who are well-known to him/her. **Always Often Seldom Never**

12. My child speaks to at least one babysitter. **Always Often Seldom Never N/A**

*SMQ under development; use with permission of author, Lindsey Bergman, Ph.D.; lbergman@ucla.edu

IN SOCIAL SITUATIONS (OUTSIDE OF SCHOOL)

13. When appropriate, my child speaks with other children who s/he doesn't know.	**Always**	**Often**	**Seldom**	**Never**
14. When appropriate, my child speaks with family friends who s/he doesn't know.	**Always**	**Often**	**Seldom**	**Never**
15. When appropriate, my child speaks with his or her doctor and/or dentist.	**Always**	**Often**	**Seldom**	**Never**
16. When appropriate, my child speaks to store clerks and/or waiters.	**Always**	**Often**	**Seldom**	**Never**
17. When appropriate, my child talks when in clubs, teams or organized activities outside of school.	**Always**	**Often**	**Seldom**	**Never**

Interference/Distress

18. How much does not talking interfere with school for your child?	**Not at all**	**Slightly**	**Moderately**	**Extremely**
19. How much does not talking interfere with family relationships?	**Not at all**	**Slightly**	**Moderately**	**Extremely**
20. How much does not talking interfere in social situations for your child?	**Not at all**	**Slightly**	**Moderately**	**Extremely**
21. Overall, how much does not talking interfere with daily living for your child?	**Not at all**	**Slightly**	**Moderately**	**Extremely**
22. Overall, how much does not talking bother your child?	**Not at all**	**Slightly**	**Moderately**	**Extremely**
23. Overall, how much does your child's not talking bother you?	**Not at all**	**Slightly**	**Moderately**	**Extremely**

FOR OFFICE USE ONLY:

Initials	Date	Assessment Week	IE
_____	____/____/____	_____	_____