

Your name:

Date:

Satisfaction with Home Routines Evaluation (SHoRE)

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Directions

1. Rate how satisfied you are with each routine, by circling one number beside each routine. A routine is an event, activity, or time of day, as listed below. The specific time of day is unimportant.
2. Write NA next to routines that do not apply to your family.

| Routine | Not at all satisfied | | Satisfied | | Very satisfied |
|----------------------------|----------------------|---|-----------|---|----------------|
| 1. Waking up | 1 | 2 | 3 | 4 | 5 |
| 2. Diaper change/toileting | 1 | 2 | 3 | 4 | 5 |
| 3. Meals/Feeding | 1 | 2 | 3 | 4 | 5 |
| 4. Dressing | 1 | 2 | 3 | 4 | 5 |
| 5. Play time | 1 | 2 | 3 | 4 | 5 |
| 6. In the car | 1 | 2 | 3 | 4 | 5 |
| 7. At the store | 1 | 2 | 3 | 4 | 5 |
| 8. Hanging out | 1 | 2 | 3 | 4 | 5 |
| 9. Dinner preparation time | 1 | 2 | 3 | 4 | 5 |
| 10. Bath | 1 | 2 | 3 | 4 | 5 |
| 11. Bed time | 1 | 2 | 3 | 4 | 5 |
| 12. Child care | 1 | 2 | 3 | 4 | 5 |