

Parental-Child Conflict Assessment

How much does your child resist (e.g., complain, fuss, run away, argue, refuse to do it) when it is time to take his/her daily medication?	A Lot	Quite a Bit	Some of the Time	A Little Bit	Not At All
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How often does your child resist (e.g., complain, fuss, run away, argue, refuse to do it) when it is time to take his/her daily medication?	All of the Time	Most of the Time	Some of the Time	A Little Bit of the Time	Never
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