Spooky Scary Halloween Observation Sheet

Researcher: _____ **Date:**_____

Focal Subject:_____ **Subject wearing costume?** Y / N

_____

Instructions: "Observe" one of your friends (a "focal subject") and record when they do the following behaviors, or make up your own! Make sure you get permission to observe them before you start!

Tricking	**Using cellphone**	**Carving pumpkins**
Treating	**Haunting**	**Handing out candy**
Drinking "blood"	**Talking**	**Bobbing for apples**
Doing the Monster Mash	**Laughing**	**Playing pranks**

Time	Behavior	Notes