

Strengths and Difficulties Questionnaire

P 4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name

Male/Female

Date of Birth.....

| | | Not True | Somewhat True | Certainly True |
|----|---|--------------------------|--------------------------|--------------------------|
| 1 | Considerate of other people's feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Restless, overactive, cannot stay still for long | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Often complains of headaches, stomach-aches or sickness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Shares readily with other children (treats, toys, pencils etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Often has temper tantrums or hot tempers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Rather solitary, tends to play alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Generally obedient, usually does what adults request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Many worries, often seems worried | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Helpful if someone is hurt, upset or feeling ill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Constantly fidgeting or squirming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Has at least one good friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Often fights with other children or bullies them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Often unhappy, down-hearted or tearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Generally liked by other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Easily distracted, concentration wanders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Nervous or clingy in new situations, easily loses confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Kind to younger children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Often lies or cheats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Picked on or bullied by other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Often volunteers to help others (parents, teachers, other children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Thinks things out before acting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Steals from home, school or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Gets on better with adults than with other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Many fears, easily scared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Sees tasks through to the end, good attention span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that your child has difficulties in one or more of the following areas:
emotions, concentration, behaviour or being able to get on with other people?

| No | Yes- minor difficulties | Yes- definite difficulties | Yes- severe difficulties |
|--------------------------|-------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

| Less than a month | 1-5 months | 6-12 months | Over a year |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Do the difficulties upset or distress your child?

| Not at all | Only a little | Quite a lot | A great deal |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Do the difficulties interfere with your child's everyday life in the following areas?

| | Not at all | Only a little | Quite a lot | A great deal |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| HOME LIFE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FRIENDSHIPS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLASSROOM LEARNING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LEISURE ACTIVITIES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Do the difficulties put a burden on you or the family as a whole?

| Not at all | Only a little | Quite a lot | A great deal |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

Date

Mother/Father/Other (please specify:)

Thank you very much for your help