## Strengths and Difficulties Questionnaire P 11-17

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. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name .............................................................................................. Male/Female

Date of birth...........................................................

### Not True

**Somewhat True**

**Certainly True**

Considerate of other people's feelings □ □ □

Restless, overactive, cannot stay still for long □ □ □

Often complains of headaches, stomach-aches or sickness □ □ □

Shares readily with other youth, for example CD’s, games, food □ □ □

Often loses temper □ □ □

Would rather be alone than with other youth □ □ □

Generally well behaved, usually does what adults request □ □ □

Many worries or often seems worried □ □ □

Helpful if someone is hurt, upset or feeling ill □ □ □

Constantly fidgeting or squirming □ □ □

Has at least one good friend □ □ □

Often fights with other youth or bullies them □ □ □

Often unhappy, depressed or tearful □ □ □

Generally liked by other youth □ □ □

Easily distracted, concentration wanders □ □ □

Nervous in new situations, easily loses confidence □ □ □

Kind to younger children □ □ □

Often lies or cheats □ □ □

Picked on or bullied by other youth □ □ □

Often offers to help others (parents, teachers, children) □ □ □

Thinks things out before acting □ □ □

Steals from home, school or elsewhere □ □ □

Gets along better with adults than with other youth □ □ □

Many fears, easily scared □ □ □

Good attention span, sees chores or homework through to the end □ □ □

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, behavior or being able to get on with other people?

Yes- minor

No difficulties

Yes- definite difficulties

Yes- severe difficulties

□ □ □ □

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

□ □ □ □

* Do the difficulties upset or distress your child?

Not at all

Only a little

A medium amount

A great deal

□ □ □ □

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

HOME LIFE FRIENDSHIPS CLASSROOM LEARNING LEISURE ACTIVITIES

Not at all

□

□

□

□

Only a little

□

□

□

□

A medium amount

□

□

□

□

A great deal

□

□

□

□

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

Not at all

□

Only a little

□

A medium amount

□

A great deal

□

Signature ............................................................................... Date ........................................

Mother/Father/Other (please specify:)

**Thank you very much for your help** © Robert Goodman, 2005