Strengths and Difficulties Questionnaire

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 children, for example toys, treats, pencils				
Often loses temper				
Rather solitary, prefers to play alone				
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 children or bullies them				
Often unhappy, depressed or tearful				
Generally liked by other children				
Easily distracted, concentration wanders				
Nervous or clingy in new situations, easily loses confidence				
Kind to younger children				
Often lies or cheats				
Picked on or bullied by other children				
Often offers to help others (parents, teachers, other children)				
Thinks things out before acting				
Steals from home, school or elsewhere				
Gets along better with adults than with other children				
Many fears, easily scared				
Good attention span, sees chores or homework through to the end				

Do you have any other comments or concerns?

emotions, concentration, behavior or being able to get on with other people?							
	No	Yes- minor 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?							
	Not at all	Only a little	A medium amount	A great deal			
HOME LIFE							
FRIENDSHIPS CLASSROOM LEARNING							
LEISURE ACTIVITIES							
• 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					

Overall, do you think that your child has difficulties in one or more of the following areas:

Mother/Father/Other (please specify:)