## Strengths and Difficulties Questionnaire: Age 4-16

### TO BE COMPLETED BY A MAIN CARER OF A CHILD AGED BETWEEN 4 and 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 items seem 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** |
| 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 (treats, toys, pencils etc.) |  |  |  |
| Often has temper tantrums or hot tempers |  |  |  |
| Rather solitary, tends to play alone |  |  |  |
| Generally obedient, usually does what adults request |  |  |  |
| Many worries, 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, downhearted 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 and cheats |  |  |  |
| Picked on or bullied by other children |  |  |  |
| Often volunteers to help others (parents, teachers, other children) |  |  |  |
| Thinks things over before acting |  |  |  |
| Steals from home, school or elsewhere |  |  |  |
| Gets on better with adults than with other children |  |  |  |
| Many fears, easily scared |  |  |  |
| Sees tasks through to the end, good attention span |  |  |  |

**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 difficulties | Yes - Minor Difficulties | Yes – more serious difficulties | Yes – severe difficulties |
|  |  |  |  |  |
| **If you have answered ‘Yes’, please answer the following questions about these difficulties** | | | | |
| 1. How long have these difficulties been present? | | | | |
|  | Less than a month | 1-5 months | 5-12 months | Over a year |
|  |  |  |  |  |
| 1. Do the difficulties upset or distress your child? | | | | |
|  | Not at all | Only a little | Quite a lot | A great deal |
|  |  |  |  |  |
| 1. Do the difficulties interfere with your child’s everyday life in thefollowing areas? | | | | |
|  | Not at all | Only a little | Quite a lot | A great deal |
| Homelife |  |  |  |  |
| Friendships |  |  |  |  |
| Learning |  |  |  |  |
| Leisure Activities |  |  |  |  |
| 1. 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 |
|  |  |  |  |  |

Signature: …………………………………………..

Date: ….. / ….. / ……..

Mother/Father/Other (please specify) …………………….

**Thank you very much for your help**