## Strengths and Difficulties Questionnaire: Age 11-16

### To be completed by a young person between 11-16

Please read the questionnaire carefully. For each of the statements put a tick in the box that you think is most like you. It would help us if you put a tick for all the statements – even if it seems a bit daft! Please give answers based on how you have been feeling over the last 6 months.

Child’s Name: ………………...........……………….. Male/Female Date of Birth: …../…../…..

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not true** | **Somewhat true** | **Certainly true** |
| I try to be nice to people. I care about their feelings |  |  |  |
| I get restless, I cannot sit still for long |  |  |  |
| I get a lot of headaches, stomach-aches or sickness |  |  |  |
| I usually share with others (food, games, pens, etc.) |  |  |  |
| I get very angry and often lose my temper |  |  |  |
| I am usually on my own. I generallly play alone or keep to myself |  |  |  |
| I usually do as I am told |  |  |  |
| I worry a lot |  |  |  |
| I am helpful if someone is hurt, upset or feeling ill |  |  |  |
| I am constantly fidgeting or squirming |  |  |  |
| I have one good friend or more |  |  |  |
| I fight a lot. I can make other people do what I want |  |  |  |
| I am often unhappy, downhearted or tearful |  |  |  |
| Other children or young people pick on or bully me |  |  |  |
| I often volunteer to help others (parents, teachers, children) |  |  |  |
| I think before I do things |  |  |  |
| I take things that are not mine from home, school or elsewhere |  |  |  |
| I get on better with adults than with people my own age |  |  |  |
| I have many fears, I am easily scared |  |  |  |
| I finish the things I’m doing. My attention is good. |  |  |  |
| 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 you? | | | | |
|  | Not at all | Only a little | Quite a lot | A great deal |
|  |  |  |  |  |
| 1. Do the difficulties interfere with your 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: …. / ….. / ….

**Thank you very much for your help**