

## Strengths and Difficulties Questionnaire

**Instructions:** 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 how things have been for you **over the last six months**.

Your full name .....

Male/Female/Other

Date of birth .....

|  | Not<br>True              | Somewhat<br>True         | Certainly<br>True        | Office<br>Use |
|--|--------------------------|--------------------------|--------------------------|---------------|
| I try to be nice to other people. I care about their feelings  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1             |
| I am restless, I cannot stay still for long                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2             |
| I get a lot of headaches, stomach-aches, or sickness           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3             |
| I usually share with others, for example CDs, games, food      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4             |
| I get very angry and often lose my temper                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5             |
| I would rather be alone than with people of my age             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6             |
| I usually do as I am told                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7             |
| I worry a lot  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8             |
| I am helpful if someone is hurt, upset or feeling ill          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9             |
| I am constantly fidgeting or squirming                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10            |
| I have one good friend or more                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11            |
| I fight a lot. I can make other people do what I want          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12            |
| I am often unhappy, depressed or tearful                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13            |
| Other people my age generally like me                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14            |
| I am easily distracted, I find it difficult to concentrate     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15            |
| I am nervous in new situations. I easily lose confidence       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16            |
| I am kind to younger children                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17            |
| I am often accused of lying or cheating                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18            |
| Other children or young people pick on me or bully me          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19            |
| I often volunteer to help others (parents, teachers, children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20            |
| I think before I do things                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21            |
| I take things that are not mine from home, school or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22            |
| I get along better with adults than with people my own age     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23            |
| I have many fears, I am easily scared                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24            |
| I finish the work I'm doing. My attention is good              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25            |

Do you have any other comments or concerns?

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

Does your family complain about you having problems with overactivity or poor concentration?  
 No                      A little                      A lot  
                                                                  39

Do your teachers complain about you having problems with overactivity or poor concentration?  
 No                      A little                      A lot  
                                                                  40

Does your family complain about you being awkward or troublesome?  
 No                      A little                      A lot  
                                                                  41

Do your teachers complain about you being awkward or troublesome?  
 No                      A little                      A lot  
                                                                  42

Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along 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"/>  | 26 |

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"/> | 27 |

• Do the difficulties upset or distress you?

|  |                          |                          |                          |                          |    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----|
|  | Not at all               | A little                 | A medium amount          | A great deal             |    |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28 |

• Do the difficulties interfere with your everyday life in the following areas?

|                    |                          |                          |                          |                          |    |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|
|                    | Not at all               | A little                 | A medium amount          | A great deal             |    |
| HOME LIFE          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29 |
| FRIENDSHIPS        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 |
| CLASSROOM LEARNING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31 |
| LEISURE ACTIVITIES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32 |

• Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

|  |                          |                          |                          |                          |    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----|
|  | Not at all               | A little                 | A medium amount          | A great deal             |    |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33 |

Your Signature\_\_\_\_\_

Today’s Date\_\_\_\_\_

**Thank you very much for your help.**