



Strengths and Difficulties Questionnaire

TO BE COMPLETED BY A MAIN CARER OF A CHILD AGED BETWEEN 4 AND 18

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 sit 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 or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out 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:

- How long have these difficulties been present?

Less than a month

☐

1-5 months

☐

5-12 months

☐

Over a year

☐

- Do the difficulties upset or distress your child?

Not at all

☐

Only a little

☐

Quite a lot

☐

A great deal

☐

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

	Not at all	Only a little	Quite a lot	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

☐

Quite a lot

☐

A great deal

☐

Signature _____

Date _____

Mother/Father/Other (please specify) _____

Thank you very much for your help