



# Strengths and Difficulties Questionnaire

TO BE COMPLETED BY A YOUNG PERSON BETWEEN 11 AND 18

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 on the basis of how you have been feeling over the last six months.

Your Name: \_\_\_\_\_ Male/Female How old are you? \_\_\_\_\_

	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 generally 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 people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of cheating or lying			
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			



Overall, do you think that you have 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-  
very 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 you?

Not at all

☐

Only a little

☐

Quite a lot

☐

A great deal

☐

- Do the difficulties interfere with your 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 make it harder for those around you (family, friends, teachers etc.)?

Not at all

☐

Only a little

☐

Quite a lot

☐

A great deal

☐

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you very much for your help