Strengths and Difficulties Questionnaire

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 item seems daft! Please give your answers on the basis of the child's behaviour **over the last month**.

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, down-hearted 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 argumentative with adults				
Picked on or bullied by other children				
Often volunteers to help others (parents, teachers, other children)				
Can stop and think things out before acting				
Can be spiteful to others				
Gets on better with adults than with other children				
Many fears, easily scared				
Sees tasks through to the end, good attention span			П	

Do you have any other comments or concerns?

Has coming to the centre been helpful in other ways, e.g. providing information or making the problems more bearable? Only a Quite A great little a lot deal Over the last month, has your child had difficulties in one or more of the following areas: emotions, concentre behaviour or being able to get on with other people? Yes- Yes- Minimor definite severe minimor definite severe difficulties difficulties difficulties difficulties If you have answered "Yes", please answer the following questions about these difficulties: Do the difficulties upset or distress your child? Not Only a Quite A great deal little a lot deal HOME LIFE Only a Quite A great deal little a lot deal HOME LIFE Only a Quite A great deal little a lot deal HOME LIFE Only a Quite A great deal little a lot deal HOME LIFE Only a Quite A great deal little a lot deal HOME LIFE Only a Quite A great deal little a lot deal HOME LIFE Only a Quite A great deal Not Only a Quite A great deal Not Only a Quite A great deal Do the difficulties put a burden on you or the family as a whole? Not Only a Quite A great deal	Much better	A bit better	About the same	A bit worse	Much worse
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Signature Date			. Date		gnature

Mother/Father/Other (please specify:)

Since coming to the centre, are your child's problems: