Strengths and Difficulties Questionnaire (SDQ)

Facility Name: _____ **Code:** _____

Patient or Client Identifier Forname: _____ **Surname:** _____

Other names: _____ **Date of Birth:** _____ dd / mm / yyyy

Sex

◯ Male ◯ Female

Street Address: _____ **City:** _____

Postcode: _____

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 your child's behaviour over the last six months.

Considerate of other people's feelings

◯ Not True ◯ Somewhat True ◯ Certainly True

Restless, overactive, cannot stay still for long

◯ Not True ◯ Somewhat True ◯ Certainly True

Often complains of headaches, stomach-aches or sickness

◯ Not True ◯ Somewhat True ◯ Certainly True

Shares readily with other children, for example toys, treats, pencils

◯ Not True ◯ Somewhat True ◯ Certainly True

Often loses temper

◯ Not True ◯ Somewhat True ◯ Certainly True

Rather solitary, prefers to play alone

◯ Not True ◯ Somewhat True ◯ Certainly True

Generally well behaved, usually does what adults request

◯ Not True ◯ Somewhat True ◯ Certainly True

Many worries or often seems worried

◯ Not True ◯ Somewhat True ◯ Certainly True

Helpful if someone is hurt, upset or feeling ill

◯ Not True ◯ Somewhat True ◯ Certainly True

Constantly fidgeting or squirming

◯ Not True ◯ Somewhat True ◯ Certainly True

Has at least one good friend

◯ Not True ◯ Somewhat True ◯ Certainly True

Often fights with other children or bullies them

◯ Not True ◯ Somewhat True ◯ Certainly True

Often unhappy, depressed or tearful

◯ Not True ◯ Somewhat True ◯ Certainly True

Generally liked by other children

◯ Not True ◯ Somewhat True ◯ Certainly True

Easily distracted, concentration wanders

◯ Not True ◯ Somewhat True ◯ Certainly True

Nervous or clingy in new situations, easily loses confidence

◯ Not True ◯ Somewhat True ◯ Certainly True

Kind to younger children

◯ Not True ◯ Somewhat True ◯ Certainly True

Often lies or cheats

◯ Not True ◯ Somewhat True ◯ Certainly True

Picked on or bullied by other children

◯ Not True ◯ Somewhat True ◯ Certainly True

Often volunteers to help others (parents, teachers, other children)

◯ Not True ◯ Somewhat True ◯ Certainly True

Thinks things out before acting

◯ Not True ◯ Somewhat True ◯ Certainly True

Steals from home, school or elsewhere

◯ Not True ◯ Somewhat True ◯ Certainly True

Gets along better with adults than with other children

◯ Not True ◯ Somewhat True ◯ Certainly True

Many fears, easily scared

◯ Not True ◯ Somewhat True ◯ Certainly True

Good attention span, sees chores or homework through to the end

◯ Not True ◯ Somewhat True ◯ Certainly True

Do you have any other comments or concerns?

Overall, do you think that your child has 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

How long have these difficulties been present?

◯ Less than a month ◯ 1-5 months ◯ 6-12 months ◯ Over a year

Do the difficulties upset or distress your child?

◯ Not at all ◯ A little ◯ A medium amount ◯ A great deal

Do the difficulties interfere with HOME LIFE

◯ Not at all ◯ A little ◯ A medium amount ◯ A great deal

Do the difficulties interfere with FRIENDSHIPS

◯ Not at all ◯ A little ◯ A medium amount ◯ A great deal

Do the difficulties interfere with CLASSROOM LEARNING

◯ Not at all ◯ A little ◯ A medium amount ◯ A great deal

Do the difficulties interfere with LEISURE ACTIVITIES

◯ Not at all ◯ A little ◯ A medium amount ◯ A great deal

Do the difficulties put a burden on you or the family as a whole?

◯ Not at all ◯ A little ◯ A medium amount ◯ A great deal

Signature *

Date *: _____ dd / mm / yyyy Mother/Father/Other (please specify): _____