

## Strengths and Difficulties Questionnaire: Parents

For each item please mark the box for Not True, Somewhat True or Certainly True. It would help 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 six months of this school year.

Child's name: ..... Male/Female (delete as applicable)

Date of birth: .....

Your name: .....

	Question	Not True	Somewh at True	Certainly True
1.	Considerate of other people's feelings			
2.	Restless, overactive, cannot stay still for long			
3.	Often complains of headaches, stomach-aches or sickness			
4.	Shares readily with other children (treats, toys, pencils, etc.).			
5.	Often has temper tantrums or hot tempers.			
6.	Rather solitary, tends to play alone.			
7.	Generally obedient, usually does what adults request			
8.	Many worries, often seems worried.			
9.	Helpful if someone is hurt, upset or feeling ill.			
10.	Constantly fidgeting or squirming.			
11.	Has at least one good friend.			
12.	Often fights with other children or bullies them.			
13.	Often unhappy, down-hearted or tearful.			
14.	Generally liked by other children.			
15.	Easily distracted, concentration wanders.			
16.	Nervous or clingy in new situations, easily loses confidence.			
17.	Kind to younger children.			
18.	Often lies or cheats			
19.	Picked on bullied by other children.			
20.	Often volunteers to help others (parents, teachers, other children).			
21.	Thinks things out before acting.			
22.	Steals from home, school or elsewhere.			
23.	Gets on better with adults than with other children			
24.	Many fears, easily scared.			
25.	Sees tasks through to the end, good attention span			

Do you have any other comments or concerns?

Please tick the box most appropriate to your child.

	NO	Yes - Minor difficulties	Yes - definite difficulties	Yes - Severe difficulties
Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration or being able to get on with other people?				

If you have answered Yes, please answer the following questions about these difficulties:-

	Less than a month	1 to 5 months	6 to 12 months	Over a year
How long have these difficulties been present?				

	Not at all	Only a little	Quite a lot	A great deal
Do the difficulties upset or distress your child?				

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				

	Not at all	Only a little	Quite a lot	A great deal
Do the difficulties put a burden on you or the family as a whole?				

Signature:..... Date:.....

Mother/father/other (please specify)

**THANK YOU VERY MUCH FOR YOUR HELP.**