

# SDQ YR1

**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 how things have been for you **over the last six months**.

| Strengths and Difficulties Questionnaire |  | Not True                            | Somewhat True                       | Certainly True                      |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1.                                       | I try to be nice to other people. I care about their feelings  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2.                                       | I am restless, I cannot stay still for long                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3.                                       | I get a lot of headaches, stomach-aches, or sickness           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4.                                       | I usually share with others, for example CDs, games, food      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5.                                       | I get very angry and often lose my temper                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.                                       | I would rather be alone than with people of my age             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7.                                       | I usually do as I am told                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8.                                       | I worry a lot  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9.                                       | I am helpful if someone is hurt, upset or feeling ill          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10.                                      | I am constantly fidgeting or squirming                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11.                                      | I have one good friend or more                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12.                                      | I fight a lot. I can make other people do what I want          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 13.                                      | I am often unhappy, depressed or tearful                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14.                                      | Other people my age generally like me                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15.                                      | I am easily distracted, I find it difficult to concentrate     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16.                                      | I am nervous in new situations. I easily lose confidence       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17.                                      | I am kind to younger children                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18.                                      | I am often accused of lying or cheating                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 19.                                      | Other children or young people pick on me or bully me          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 20.                                      | I often volunteer to help others (parents, teachers, children) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 21.                                      | I think before I do things                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22.                                      | I take things that are not mine from home, school or elsewhere | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 23.                                      | I get along better with adults than with people my own age     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 24.                                      | I have many fears, I am easily scared                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 25.                                      | I finish the work I'm doing. My attention is good              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Please turn over – there are a few more questions on the other side

SDQ (S) 11-17 SELF-REPORT MEASURE (1 of 2)

|  | No                                  | A Little                 | A Lot                    |
|--|-------------------------------------|--------------------------|--------------------------|
| 39. Does your family complain about you having problems with overactivity or poor concentration? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do your teachers complain about you having problems with overactivity or poor concentration? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Does your family complain about you being awkward or troublesome?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do your teachers complain about you being awkward or troublesome?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | No                       | Yes – minor difficulties            | Yes – definite difficulties | Yes – severe difficulties |
|--|--------------------------|-------------------------------------|-----------------------------|---------------------------|
| 26. Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>  |

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

|  | Less than a month        | 1-5 months               | 6-12 months              | Over a year                         |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 27. How long have these difficulties been present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|  | Not at all                          | A little                            | A medium amount                     | A great deal             |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 28. Do the difficulties upset or distress you?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do the difficulties interfere with your everyday life in the following areas?                  |                                     |                                     |                                     |                          |
| 29. HOME LIFE  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 30. FRIENDSHIPS  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 31. CLASSROOM LEARNING   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 32. LEISURE ACTIVITIES   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 33. Do the difficulties make it harder for those around you (family, friends, teachers, etc.)? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

Thank you very much for your help.

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