

# Strengths and Difficulties Questionnaire

S<sup>11-17</sup>

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.

Your name .....

Male/Female

Date of birth .....

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

Your Signature .....

Today's Date .....

**Thank you very much for your help**