

**Parent / Guardian Strengths and Difficulties Questionnaire**

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 how you have been recently.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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) |  |  |  |
| Often have temper tantrums or hot temper |  |  |  |
| Rather solitary, tens 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 wonders |  |  |  |
| Nervous or clingy in new situations, easily loses confidence |  |  |  |
| Kind to younger children |  |  |  |
| Often lies or cheats |  |  |  |
| Picked on or bully by other children |  |  |  |
| Often volunteers to help others (parents, teachers, other children) |  |  |  |
| Thinks things out before acting |  |  |  |
| Steals from home, school or elsewhere |  |  |  |
| Gets on better with adults than with other children |  |  |  |
| Many fears, easily scared |  |  |  |
| Sees tasks through to the end, good attention span |  |  |  |

Do you have any other concerns?

Overall, do you think that your child has difficulties in any of the following areas - circle:

No emotions, concentration, behaviour being able to get on with other people

If yes, please choose: minor difficulties definite difficulties severe difficulties

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

How long have these difficulties been present?

Less than a month 1-5 months Over a year

Do the difficulties upset or distress the child?

Not at all Only a little Quite a lot A great deal

Do the difficulties interfere with your child’s everyday life in the following areas?

HOMELIFE not at all only a little quite a lot a great deal

FRIENDSHIPS not at all only a little quite a lot a great deal

CLASSROOM LEARNING not at all only a little quite a lot a great deal

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?

not at all only a little quite a lot a great deal

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother / Father / Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_