Strengths and Difficulties Questionnaire

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...........................................................

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

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side
Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behavior or being able to get on with other people?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes-minor difficulties</th>
<th>Yes-definite difficulties</th>
<th>Yes-severe difficulties</th>
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<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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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
    - □
  - 6-12 months
    - □
  - Over a year
    - □

- Do the difficulties upset or distress you?
  - Not at all
    - □
  - Only a little
    - □
  - A medium amount
    - □
  - A great deal
    - □

- Do the difficulties interfere with your everyday life in the following areas?
  - HOME LIFE
    - Not at all
    - □
  - Only a little
    - □
  - A medium amount
    - □
  - A great deal
    - □
  - FRIENDSHIPS
    - Not at all
    - □
  - Only a little
    - □
  - A medium amount
    - □
  - A great deal
    - □
  - CLASSROOM LEARNING
    - Not at all
    - □
  - Only a little
    - □
  - A medium amount
    - □
  - A great deal
    - □
  - LEISURE ACTIVITIES
    - Not at all
    - □
  - Only a little
    - □
  - A medium amount
    - □
  - A great deal
    - □

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?
  - Not at all
    - □
  - Only a little
    - □
  - A medium amount
    - □
  - A great deal
    - □

Your Signature ...............................................................................                 Today's Date ........................................

Thank you very much for your help

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