

Strengths and Difficulties Questionnaire (SDQ)

Name: _____ Gender: _____

Age: _____ Date of assessment: _____

Instructions: Please mark the box for Not True, Somewhat True or Certainly True for each item. It would help us if you answered all items as best you can even if you are not certain. Please give your answers based on your child's behavior **over the last six months.**

| Questions | Not true | Somewhat 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, for example toys, treats, and pencils | | | |
| 5. Often loses temper | | | |
| 6. Rather solitary, prefers to play alone | | | |
| 7. Generally well behaved, usually does what adults request | | | |
| 8. Many worries or often seems worried | | | |
| 9. Helpful if someone is hurt, upset, or feeling ill | | | |
| 10. Constantly fidgeting or squirming | | | |

| Questions | Not true | Somewhat true | Certainly true |
|--|----------|---------------|----------------|
| 11. Has at least one good friend | | | |
| 12. Often fights with other children or bullies them | | | |
| 13. Often unhappy, depressed, 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 or bullied by other children | | | |
| 20. Often volunteers to help others (parents, teachers, or other children) | | | |
| 21. Thinks things out before acting | | | |
| 22. Steals from home, school, or elsewhere | | | |
| 23. Gets along better with adults than with other children | | | |

| Questions | | Not true | Somewhat true | Certainly true | |
|---|-------------------|------------------------|---------------------------|-------------------------|-------------|
| 24. Many fears, easily scared | | | | | |
| 25. Good attention span, sees chores, or homework through the end | | | | | |
| Over the last six months, have your child's teacher complained of | | No | A little | A lot | |
| 26. Fidgetiness, restlessness, or overactivity | | | | | |
| 27. Poor concentration or being easily distracted | | | | | |
| 28. Acting without thinking, frequently butting in, or not waiting for his or her turn | | | | | |
| | No | Yes minor difficulties | Yes definite difficulties | Yes severe difficulties | |
| 29. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people? | | | | | |
| 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 | |
| 30. How long have these difficulties been present? | | | | | |
| 31. Do these difficulties upset or distress your child? | | | | | |
| Do the difficulties interfere with your child's everyday life in the following areas? | | Less than a month | 1–5 months | 6–12 months | Over a year |
| 32. Home life | | | | | |

| Do the difficulties interfere with your child's everyday life in the following areas? | Less than a month | 1–5 months | 6–12 months | Over a year |
|---|-------------------|------------|-------------|-------------|
| 33. Friendships | | | | |
| 34. Classroom learning | | | | |
| 35. Leisure activities | | | | |
| 36. Do the difficulties put a burden on you or the family as a whole? | | | | |
| Parent/guardian's name: | | | | |
| Signature: | | | | |
| Date today: | | | | |

Thank you very much for your help!

Reference: Department of Health and Ageing, Mental Health & Suicide Prevention Branch. (n.d.). *Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures* (Version 1.50).