

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).