

Strengths and Difficulties Questionnaire P 4-10 Retrospective Survey for Change in Caregiver

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 as you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior **before beginning services**.

| Your child's name | | | Male/Female |
|---|----------|------------------|----------------|
| Date of birth | | | |
| Was your child | Not True | Somewhat True | Certainly True |
| 1. Considerate of other people's feelings. | | | |
| 2. Restless, overactive, couldn't stay still for long. | | | |
| 3. Often complained of headaches, stomach-aches or sickness. | | | |
| 4. Shared readily with other children, for example toys, treats, pencils. | | | |
| 5. Often lost temper. | | | |
| 6. Rather solitary, preferred to play alone. | | | |
| 7. Generally well behaved, usually did what adults requested. | | | |
| 8. Many worries or often seems worried. | | | |
| 9. Helpful if someone was hurt, upset or feeling ill. | | | |
| 10. Constantly fidgetted or squirmed. | | | |
| 11. Had at least one good friend. | | | |
| 12. Often fought with other children or bullied them. | | | |
| 13. Often unhappy, depressed or tearful. | | | |
| 14. Generally liked by other children. | | | |
| 15. Easily distracted, concentration wandered. | | | |
| 16. Nervous or clingy in new situations, easily lost confidence. | | | |

Please turn over - there are a few more questions on the other side



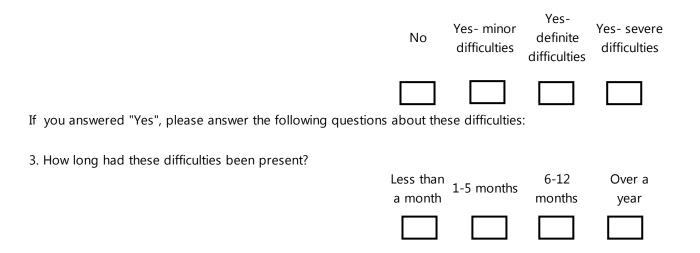




| | Not True | Somewhat True | Certainly True |
|---|----------|------------------|-------------------|
| 17. Kind to younger children. | | | |
| 18. Often lied or cheated. | | | |
| 19. Picked on or bullied by other children. | | | |
| 20. Often offered to help others (parents, teachers, other children). | | | |
| 21. Thought things out before acting. | | | |
| 22. Stole from home, school or elsewhere. | | | |
| 23. Got along better with adults than with other children. | | | |
| 24. Many fears, easily scared. | | | |
| 25. Good attention span, saw chores or homework through to the end. | | | |

1. Before beginning services, did you have any other comments or concerns?

2. Overall, did you think that your child had difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?



Please turn over - there are a few more questions on the other side

| 4. Did the difficulties upset or distress your child? | | | | | | |
|--|------------|------------------|--------------------|-----------------|--|--|
| | Not at all | Only a little | A medium amount | A great deal | | |
| | | | | | | |
| Did the difficulties interfere with your child's everyday life in the following areas? | | | | | | |
| | Not at all | Only a little | A medium amount | A great deal | | |
| 5. HOME LIFE | | | | | | |
| 6. FRIENDSHIPS | | | | | | |
| 7. CLASSROOM LEARNING | | | | | | |
| 8. LEISURE ACTIVITIES | | | | | | |
| 9. Did the difficulties put a burden on you or the family as a whole? | | | | | | |
| | Not at all | Only a little | A medium amount | A great deal | | |
| | | | | | | |
| | | | | | | |
| Signature | | Date | | | | |
| Mother/Father/Other(please specify): | | | | | | |

Thank you very much for your help

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