

DAISEY SDQ 4-10 TEEN TIME 2

*Please Print Information- Required Questions Marked With **

PART 1

CHILD COMPLETING FORM	
Which child is filling out the form? *	
<i>Print child's first and last name</i>	

CHILD BEING ASSESSED	
Which CHILD is this form about? *	
<i>Print child's first and last name</i>	

FORM INFORMATION	
Which caregiver was involved? *	
<i>Print Primary Caregiver's first and last name</i>	
Which child was involved? *	
<i>"Child Involved" is the target child or candidate for care</i>	
Date of Activity *	
(mm/dd/yyyy)	

PART 2

SDQ 4-10 TIME 2			
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 as you can even if you are not absolutely certain. Please give your answers on the basis of the behavior of your child <u>over the last month</u> .			
1. Considerate of people's feelings.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	2. Restless, overactive, cannot sit still for long.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
3. Often complains of headaches, stomach-aches, or sickness.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Certainly true = 2 <input type="checkbox"/> Somewhat true = 1		
4. Shared readily with other children, for example toys, treats, pencils.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Certainly true = 2 <input type="checkbox"/> Somewhat true = 1		
5. Often loses temper	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	6. Rather solitary, prefers to play alone	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
7. Generally well behaved, usually does what adults request.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2		

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SDQ 4-10 TIME 2 CONT.			
8. Many worries or often seems worried.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	9. Helpful is someone is hurt, upset, or feeling ill.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
10. Constantly fidgeting or squirming.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	11. Has at least one good friend.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
12. Often fights with other children or bullies them	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	13. often unhappy, depressed, or tearful.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
14. Generally liked by other children.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	15. Easily distracted, concentration wanders.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
16. Nervous or clingy in new situations, easily loses confidence.		<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Certainly true = 2 <input type="checkbox"/> Somewhat true = 1	
17. Kind to younger children.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	18. Often argumentative with adults.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
19. Picked on or bullied by other children.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	20. often offers to help others (parents, teachers)	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
21. Can stop and think things out before acting.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	22. Can be spiteful to others.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2
23. Gets along better with adults than with other children.		<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Certainly true = 2 <input type="checkbox"/> Somewhat true = 1	
24. Many fears, easily scared.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2	25. Good attention span, sees work through to the end.	<input type="checkbox"/> Not true = 0 <input type="checkbox"/> Somewhat true = 1 <input type="checkbox"/> Certainly true = 2

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ADDITIONAL QUESTIONS TIME 2	
If you choose any of the “yes” options for question four, please proceed to answer the remaining questions in this section.	
1. Do you have any other comments or concerns?	
2. Since receiving this service are your child’s problems:	<input type="checkbox"/> Much Worse = 5 <input type="checkbox"/> A bit better = 2 <input type="checkbox"/> A bit worse = 4 <input type="checkbox"/> Much better = 1 <input type="checkbox"/> About the same = 3
3. Has receiving this service been helpful in other ways, e.g., providing information or making the problems more bearable?	<input type="checkbox"/> Not at all = 0 <input type="checkbox"/> A medium amount = 2 <input type="checkbox"/> Only a little = 1 <input type="checkbox"/> A great deal = 3
4. Over the last month, has your child had difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get on with other people?	<input type="checkbox"/> No = 0 <input type="checkbox"/> Yes- Definite Difficulties = 2 <input type="checkbox"/> Yes- Minor Difficulties = 1 <input type="checkbox"/> Yes- Severe Difficulties = 3
5. Do the difficulties upset or distress your child?	<input type="checkbox"/> Not at all = 0 <input type="checkbox"/> A medium amount = 2 <input type="checkbox"/> Only a little = 1 <input type="checkbox"/> A great deal = 3
6. Do the difficulties interfere with your child’s everyday life in the following areas: Home life.	<input type="checkbox"/> Not at all = 0 <input type="checkbox"/> A medium amount = 2 <input type="checkbox"/> Only a little = 1 <input type="checkbox"/> A great deal = 3
7. Do the difficulties interfere with your child’s everyday life in the following areas: Friendships.	<input type="checkbox"/> Not at all = 0 <input type="checkbox"/> A medium amount = 2 <input type="checkbox"/> Only a little = 1 <input type="checkbox"/> A great deal = 3
8. Do the difficulties interfere with your child’s everyday life in the following areas: Learning.	<input type="checkbox"/> Not at all = 0 <input type="checkbox"/> A medium amount = 2 <input type="checkbox"/> Only a little = 1 <input type="checkbox"/> A great deal = 3
9. Do the difficulties interfere with your child’s everyday life in the following areas: Leisure Activities.	<input type="checkbox"/> Not at all = 0 <input type="checkbox"/> A medium amount = 2 <input type="checkbox"/> Only a little = 1 <input type="checkbox"/> A great deal = 3
9. Do the difficulties put a burden on you or the family as a whole?	<input type="checkbox"/> Not at all = 0 <input type="checkbox"/> A medium amount = 2 <input type="checkbox"/> Only a little = 1 <input type="checkbox"/> A great deal = 3