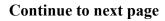


DAISEY SDQ 11-17 TIME 1

Please Print Information- Required Questions Marked With *

PART 1

ADULT COMPLETING FORM					
Which adult is filling out the form? *					
Print adult's first and last name					
CHILD BEING ASSE	SSED				
Which CHILD is this	form about? *				
Print child's first and	last name				
FORM INFORMATION	ON				
Which caregiver was involved? *					
Print Primary Caregiv	ver's first and last name				
Which child was invol	ved? *				
"Child Involved" is the target					
child or candidate for	care				
Date of Activity *					
(mm/dd/yyyy)					
PART 2					
SDQ 11-17 TIME 1					
For each item, please mark the box for Not true, somewhat true, or certainly true. It would help					
	ms as best as you can eve				
your answers on the basis of the behavior of your child over the last month.					
1. Considerate of	\square Not true = 0	2. Restless,	\square Not true = 0		
people's feelings.	\Box Somewhat true = 1	overactive, cannot	\Box Somewhat true = 1		
	\Box Certainly true = 2	sit still for long.	\Box Certainly true = 2		
3. Often complains of headaches, stomach-		\Box Not true = 0 \Box Certainly true = 2			
aches, or sickness.		☐ Somewhat true = 1			
4. Shares readily with other youth, for		\square Not true = 0	\Box Certainly true = 2		
example CD's, games, food.		☐ Somewhat true = 1			
5. Often loses temper	\square Not true = 0	6. Would rather be	\square Not true = 0		
	\Box Somewhat true = 1	alone than with other	\Box Somewhat true = 1		
	\Box Certainly true = 2	youth	\Box Certainly true = 2		
7. Generally well behaved, usually does what		\square Not true = 0	☐ Somewhat true = 1		
adults request.		\Box Certainly true = 2			









DAISEY SDQ 11-17 TIME 1

SDQ 11-17 TIME 1 CONT.						
8. Many worrie	es	\square Not true = 0		9. Helpful is someone	\square Not true = 0	
or often seems		\Box Somewhat true = 1		is hurt, upset, or	☐ Somewhat true = 1	
worried.		☐ Certainly true = 2		feeling ill.	☐ Certainly true = 2	
10. Constantly		\square Not true = 0		11. Has at least one	\square Not true = 0	
fidgeting or		\Box Somewhat true = 1		good friend.	☐ Somewhat true = 1	
squirming.		☐ Certainly true = 2			☐ Certainly true = 2	
12. Often fight	n fights \Box Not true = 0			13. Often unhappy,	\square Not true = 0	
with other you	th or	☐ Somewhat true = 1		depressed, or	\Box Somewhat true = 1	
bullies them		☐ Certainly true	= 2	tearful.	\Box Certainly true = 2	
14. Generally		\square Not true = 0		15. Easily distracted,	\square Not true = 0	
liked by other		☐ Somewhat true	= 1	concentration	☐ Somewhat true = 1	
youth.		☐ Certainly true =	2	wanders.	☐ Certainly true = 2	
16. Nervous or	16. Nervous or clingy in new ☐ Not			t true = 0	Certainly true = 2	
situations, easily loses confidence. \Box Somewhat true = 1						
17. Kind to		\square Not true = 0		18. Often lies or	\square Not true = 0	
younger children.		☐ Somewhat true = 1		cheats.	☐ Somewhat true = 1	
		☐ Certainly true = 2			☐ Certainly true = 2	
19. Picked on or □ No		\square Not true = 0		20. often offers to	\square Not true = 0	
bullied by other		☐ Somewhat true = 1		help others (parents,	☐ Somewhat true = 1	
youth.		☐ Certainly true = 2		teachers, other	☐ Certainly true = 2	
				children)		
21. Thinks things □		\square Not true = 0		22. Steals from	\square Not true = 0	
out before acting.		☐ Somewhat true = 1		home, school, or	☐ Somewhat true = 1	
		\Box Certainly true = 2		elsewhere.	☐ Certainly true = 2	
23. Gets along better with adults □ Not		□ Not 1	$rue = 0 \qquad \qquad \Box \text{ Certainly true} = 2$			
than with other youth. \Box Somewhat true = 1			ewhat true = 1			
24. Many		Not true = 0		25. Good attention	\square Not true = 0	
fears, easily		Somewhat true = 1		span, sees work	☐ Somewhat true = 1	
scared.	☐ Certainly true = 2		through to the end.	☐ Certainly true = 2		

DAISEY SDQ 11-17 TIME 1

Additional Questions- Time 1					
If you choose any of the "yes" options for question two, please proceed to answer the					
remaining questions in this	s section.				
1. Do you have any other					
comments or concerns?					
2. Overall do you think that	•	\square No = 0	☐ Yes- Definite		
difficulties in one or more	_	☐ Yes- minor	Difficulties $= 2$		
areas: emotions, concentra		difficulties =1	☐ Yes- Severe		
being able to get on with o			Difficulties = 3		
3. How long have these		\Box Less than a month = 0 \Box 6-12 months = 2			
difficulties been present?	\square 1-5 months = 1		Over a year $= 3$		
		,			
4. Do the difficulties upset	or distress your	\square Not at all = 0	\Box A medium amount = 2		
child?		☐ Only a little =1	\Box A great deal = 3		
5. Do the difficulties interf	ere with your	\square Not at all = 0	\Box A medium amount = 2		
child's everyday life in the	following areas:	☐ Only a little =1	\Box A great deal = 3		
Home life.					
6. Do the difficulties interf	ere with your	\square Not at all = 0	\Box A medium amount = 2		
child's everyday life in the	following areas:	☐ Only a little =1	\Box A great deal = 3		
Friendships.					
7. Do the difficulties interf	ere with your	\square Not at all = 0	☐ A medium amount = 2		
child's everyday life in the	following areas:	☐ Only a little =1	\Box A great deal = 3		
Learning.					
8. Do the difficulties interf	ere with your	\square Not at all = 0	☐ A medium amount = 2		
child's everyday life in the	following areas:	☐ Only a little =1	\Box A great deal = 3		
Leisure Activities.					
9. Do the difficulties put a	burden on you	\square Not at all = 0	☐ A medium amount = 2		
or the family as a whole?		☐ Only a little =1	\Box A great deal = 3		