FAMILY FIRST PREVENTION SERVICES ACT

Strengths and Difficulties Questionnaire

P 11-17

FOLLOW-UP

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 **over the last month.**

Your child's name..... Male/Female

Date of birth.....

	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 youth, for example CDs, games, food.	☐	☐	☐
5. Often loses temper.	☐	☐	☐
6. Would rather be alone than with other youth.	☐	☐	☐
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.	☐	☐	☐
11. Has at least one good friend.	☐	☐	☐
12. Often fights with other youth or bullies them.	☐	☐	☐
13. Often unhappy, depressed or tearful.	☐	☐	☐
14. Generally liked by other youth.	☐	☐	☐
15. Easily distracted, concentration wanders.	☐	☐	☐
16. Nervous in new situations, easily loses confidence.	☐	☐	☐

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

Kansas Department for Children and Families

KU SCHOOL OF SOCIAL WELFARE The University of Kansas

KU CPPR

	Not True	Somewhat True	Certainly True
17. Kind to younger children.	☐	☐	☐
18. Often lies or cheats.	☐	☐	☐
19. Picked on or bullied by other youth.	☐	☐	☐
20. Often offers to help others (parents, teachers, 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.	☐	☐	☐
24. Many fears, easily scared.	☐	☐	☐
25. Good attention span, sees chores or homework through to the end.	☐	☐	☐

1. Do you have any other comments or concerns?

2. Since receiving this service, are your child's problems:

Much Worse	A bit worse	About the same	A bit better	Much better
☐	☐	☐	☐	☐

3. Has receiving this service been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	A medium amount	A great deal
☐	☐	☐	☐

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

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?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you answered "Yes", please answer the following questions about these difficulties:

5. Do the difficulties upset or distress your child?

Not at all	Only a little	A medium amount	A great deal
☐	☐	☐	☐

Do 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
6. HOME LIFE	☐	☐	☐	☐
7. FRIENDSHIPS	☐	☐	☐	☐
8. LEARNING	☐	☐	☐	☐
9. LEISURE ACTIVITIES	☐	☐	☐	☐

10. Do 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