Strengths and Difficulties Questionnaire

(SDQ)

Child’s Name:

Date of birth:

Identifies as:

Please fill out the following table. It is important that all questions are answered and with only one tick. Any additional information can be written at the bottom of the form. The answers are based on the child’s behaviour within the last six months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | 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 (treats, toys, pencils ect) |  |  |  |
| 5 | Often has temper tantrums or hot tempers |  |  |  |
| 6 | Rather solitary, tends to play alone |  |  |  |
| 7 | Generally obedient, usually does what adults request |  |  |  |
| 8 | Many worries, 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 children or bullies them |  |  |  |
| 13 | Often unhappy, down-hearted 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 bullies by other children |  |  |  |
| 20 | Often volunteers to help others (parents, teachers, other children) |  |  |  |
| 21 | Thinks things out before acting |  |  |  |
| 22 | Steals from home, school or elsewhere |  |  |  |
| 23 | Gets on better with adults that with other children |  |  |  |
| 24 | Many fears, easily scared |  |  |  |
| 25 | Sees tasks through to the end, good attention span |  |  |  |

|  |
| --- |
| Any additional comments |

From the reasons of referral please answer the following questions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Only a little | Quite a lot | A great deal |
| Do the difficulties upset or distress your child? |  |  |  |  |
| Do the difficulties interfere with your child’s everyday life in the following areas: |  |  |  |  |
| Home Life |  |  |  |  |
| Friendships |  |  |  |  |
| Classroom learning |  |  |  |  |
| Leisure Activities |  |  |  |  |
| Do the difficulties put a burden on you or the family as whole? |  |  |  |  |

|  |  |
| --- | --- |
| Signature |  |
| Date |  |