

## Strengths and Difficulties Questionnaire (SDQ)

Extensive support materials are available on the SDQ developers' website, including copies of the various versions of the instrument, back ground information and scoring instructions. See <http://www.sdqinfo.com>. There are six versions (parent-report and youth-self report) currently specified for NOCC reporting with an additional four versions (teacher-report) that may be of use at the clinical level (see appendices).

The "1" versions are administered on admission and are rated on the basis of the proceeding 6 months. The "2" follow up versions are administered on review and discharge and are rated on the basis of the previous 1 month period. The versions specified for NOCC reporting are:

- PC1 – Parent Report Measure for Children aged 04-10, Baseline version;
- PC2 – Parent Report Measure for Children and Adolescents aged 4-10, Follow up version;
- PY1 – Parent Report Measure for Youth aged 11-17, Baseline version;
- PY2 – Parent Report Measure for Youth aged 11-17; Follow up version;
- YR1 – Youth self report measure (11-17), Baseline version; and
- YR2 – Youth self report measure (11-17), Follow up version.

Please note that the item numbering in the SDQ versions is deliberately non sequential because it covers all items in all versions, both to indicate item equivalence across versions and to assist data entry, especially of translated versions. The table below indicates the items that are included in each version, the rating periods used and the broad content covered by each item.

	Informant	Parent				Young Person	
		4-10		11-17		11-17	
		Baseline	Followup	Baseline	Follow-up	Baseline	Followup
		6 months	1 month	6 months	1 month	6 months	1 month
Items	Item Content	Version					
		PC1	PC2	PY1	PY2	YR1	YR2
1-25	Symptoms	✓	✓	✓	✓	✓	✓
26	Overall	✓	✓	✓	✓	✓	✓
27	Duration	✓	X	✓	X	✓	
28-33	Impact	✓	✓	✓	✓	✓	✓
34-35	Follow up progress	X	✓	X	✓	X	✓
36-38	Cross-Informant information	✓	X	✓	X	X	X
39-42	Cross-Informant information	X	X	X	X	✓	X

In addition to the measures listed above, the SDQ has four 'teacher' versions, not specified for NOCC reporting, but which have considerable clinical utility in the assessment and treatment of children and adolescents. These are similar to the Parent-report versions, but do not contain "cross-informant" items. These measures are included here for information only:

- TC1 –Teacher Report Measure for Children aged 04-10 on initial contact with service (Admission);
- TC2 - Teacher Report Measure for Children and Adolescents aged 04-10 on follow up contact with service (Review & Discharge);
- TY1 - Teacher Report Measure for Youth aged 11-17 on initial contact with service (Admission); and
- TY2 - Teacher Report Measure for Youth aged 11-17 on follow up contact with service (Review & Discharge).

# Area Logo PC1

Parent Report Measures for  
Children and Adolescents  
SDQ(P)04-10

Facility Name: \_\_\_\_\_  
Code: |\_|\_|\_|\_|

Please use gummed label if available

Patient or Client Identifier:

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Surname:

Other names:

Date of Birth:

Sex:

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|

Male

Female

Address:

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (P) 04-10 SELF-REPORT MEASURE (1 of 2)

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

Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:	No	A Little	A Lot
<b>36.</b> Fidgetiness, restlessness or overactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>37.</b> Poor concentration or being easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>38.</b> Acting without thinking, frequently butting in, or not waiting for his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26</b> Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Less than a month	1-5 months	6-12 months	Over a year
<b>27</b> How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>28</b> Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
<b>29.</b> HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30.</b> FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31.</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32.</b> LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33</b> Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Father/Other (please specify): \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

**SDQ (P) 04-10 SELF-REPORT MEASURE (2of 2)**

## Area Logo PC2

Parent Report Measures for  
Children and Adolescents  
SDQ(P)04-10 FU

Facility Name: \_\_\_\_\_  
Code: | | | | |

Please use gummed label if available

Patient or Client Identifier:

|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Surname:

Other names:

Date of Birth:

Sex:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

Address:

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last month.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Do you have any other comments or concerns?

SOURCE: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V1.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing

**SDQ (P) 04-10 FU SELF-REPORT MEASURE (1 of 2)**

	Much worse	A bit worse	About the same	A bit better	Much better
<b>34</b> Since coming to the service, are your child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>35</b> Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26</b> Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not at all	A little	A medium amount	A great deal
<b>28</b> Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>29.</b> HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30</b> FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32.</b> LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33</b> Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother/Father/Other (please specify): \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

# Area Logo PY1

Parent Report Measures for  
Children and Adolescents  
SDQ(P)11-17

Facility Name: \_\_\_\_\_  
Code: | | | | |

Please use gummed label if available

Patient or Client Identifier:

| | | | | | | | | |

Surname:

Other names:

Date of Birth:

Sex:

\_\_\_ / \_\_\_ / \_\_\_\_\_

Male \_1 Female \_2

Address:

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**SDQ (P) 11-17 SELF-REPORT MEASURE (1 of 2)**

Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:	No	A Little	A Lot
<b>36.</b> Fidgetiness, restlessness or overactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>37.</b> Poor concentration or being easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>38.</b> Acting without thinking, frequently butting in, or not waiting for his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26.</b> Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Less than a month	1-5 months	6-12 months	Over a year
<b>27.</b> How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>28.</b> Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
<b>29.</b> HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30.</b> FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31.</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32.</b> LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33.</b> Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Father/Other (please specify): \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

**SDQ (P) 11-17 SELF-REPORT MEASURE (2of 2)**

# Area Logo PY2

Parent Report Measures for  
Children and Adolescents  
SDQ(P)11-17 FU

Facility Name: \_\_\_\_\_  
Code: \_\_\_\_\_

Please use gummed label if available

Patient or Client Identifier:

\_\_\_\_\_

Surname:

Other names:

Date of Birth:

Sex:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

Address:

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last month**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**SDQ (P) 11-17 FU SELF-REPORT MEASURE (1 of 2)**



Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
<b>34.</b> Since coming to the service, are your child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>35.</b> Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26.</b> Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not at all	A little	A medium amount	A great deal
<b>28.</b> Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
<b>29.</b> HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30.</b> FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31.</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32.</b> LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33.</b> Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother/Father/Other (please specify): \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

# Area Logo

## YR1

Youth Report Measures for  
Children and Adolescents  
SDQ(S)11-17

Facility Name: \_\_\_\_\_

Code: | | | | |

Please use gummed label if available

Patient or Client Identifier:

| | | | | | | | | |

Surname:

Other names:

Date of Birth:

Sex:

\_\_\_ / \_\_\_ / \_\_\_\_\_

Male  Female

Address:

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last six months**.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I get a lot of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I usually share with others, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I would rather be alone than with people of my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I am often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	I take things that are not mine from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	I get along better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Do you have any other comments or concerns?

SOURCE: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V1.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing

SDQ (S) 11-17 SELF-REPORT MEASURE (1 of 2)

	No	A Little	A Lot
<b>39.</b> Does your family complain about you having problems with overactivity or poor concentration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>40.</b> Do your teachers complain about you having problems with overactivity or poor concentration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>41.</b> Does your family complain about you being awkward or troublesome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>42.</b> Do your teachers complain about you being awkward or troublesome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26.</b> Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
<b>27.</b> How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>28.</b> Do the difficulties upset or distress you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your everyday life in the following areas?				
<b>29.</b> HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30.</b> FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31.</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32.</b> LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33.</b> Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

# Area Logo

## YR2

Youth Report Measures for  
Children and Adolescents  
SDQ(S)11-17 FU

Facility Name: \_\_\_\_\_

Code: | | | | |

Please use gummed label if available

Patient or Client Identifier:

| | | | | | | | | |

Surname:

Other names:

Date of Birth:

Sex:

\_\_\_ / \_\_\_ / \_\_\_\_\_

Male

Female

Address:

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last month**.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I get a lot of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I usually share with others, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I would rather be alone than with people of my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I am often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	I take things that are not mine from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	I get along better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (S) 11-17 FU SELF-REPORT MEASURE (1 of 2)

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

Do you have any other comments or concerns?

SOURCE: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V1.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing

	Much worse	A bit worse	About the same	A bit better	Much better
<b>34.</b> Since coming to the service, are your problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>35.</b> Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26.</b> Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
<b>28.</b> Do the difficulties upset or distress you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your everyday life in the following areas?				
<b>29.</b> HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30.</b> FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31.</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32.</b> LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33.</b> Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

**NOTE: The SDQ forms displayed above are the generic forms used in NSW.**

## SDQ items and Scale Summary scores

The first 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales before working out the Total Difficulties score. For data entry, the responses to items should always be entered the same way (see below), but they are not all scored the same way. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with each item (see Table 1). For each of the 5 scales the score can range from 0-10 if all 5 items were completed. Scale scores can be prorated if at least 3 items were completed.

**Table 1: The individual SDQ items and the Total score derived from them.**

		Not True	Somewhat True	Certainly True	
<b>Standard Values for Data Entry =====&gt;</b>		<b>0</b>	<b>1</b>	<b>2</b>	
Data element	SDQ Item number and description	Item Score			Summary Score
<i>Emotional Symptoms Scale</i>					0-10
Item 03	Often complains of headaches, ....	0	1	2	
Item 08	Many worries or often seems worried	0	1	2	
Item 13	Often unhappy, depressed or tearful	0	1	2	
Item 16	Nervous or clingy in new situations ....	0	1	2	
Item 24	Many fears, easily scared	0	1	2	
<i>Conduct Problem Scale</i>					0-10
Item 05	Often loses temper ....	0	1	2	
<b>Item 07</b>	<b>Generally well behaved .....</b>	<b>2</b>	<b>1</b>	<b>0</b>	
Item 12	Often fights with other children ....	0	1	2	
Item 18	Often lies or cheats	0	1	2	
Item 22	Steals from home, school.....	0	1	2	
<i>Hyperactivity Scale</i>					0-10
Item 02	Restless, overactive....	0	1	2	
Item 10	Constantly fidgeting ...	0	1	2	
Item 15	Easily distracted ....	0	1	2	
<b>Item 21</b>	<b>Thinks things out before acting</b>	<b>2</b>	<b>1</b>	<b>0</b>	
<b>Item 25</b>	<b>Good attention span, ...</b>	<b>2</b>	<b>1</b>	<b>0</b>	
<i>Peer Problem Scale</i>					0-10
Item 06	Rather solitary, prefers to play alone	0	1	2	
<b>Item 11</b>	<b>Has at least one good friend</b>	<b>2</b>	<b>1</b>	<b>0</b>	
<b>Item 14</b>	<b>Generally liked by other children</b>	<b>2</b>	<b>1</b>	<b>0</b>	
Item 19	Picked on or bullied....	0	1	2	
Item 23	Gets along better with adults ...	0	1	2	
<i>Prosocial Scale</i>					0-10
Item 01	Considerate of other people's feelings	0	1	2	
Item 04	Shares readily with other children, ...	0	1	2	
Item 09	Helpful if someone is hurt....	0	1	2	
Item 17	Kind to younger children	0	1	2	
Item 20	Often volunteers to help others ...	0	1	2	
SDQ Total Difficulties Score = Sum of Scales below					0-40
<i>Emotional Symptoms Scale</i>			0-10		
<i>Conduct Problem Scale</i>			0-10		
<i>Hyperactivity Scale</i>			0-10		
<i>Peer Problem Scale</i>			0-10		

NB. Bold items indicate reverse scoring

SOURCE: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures VI.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing

## Calculating the Summary scores for the five Scales (Scale Scores)

Standard values must be used for coding Item responses and Summary scores. The standard values for coding individual Item responses are 0 (Not True), 1 (Somewhat True), 2 (Certainly True); and the 'missing' values 7 (Unable to rate), 8 (Protocol exclusion) and 9 (Missing data).

The Item scores used in calculation are shown in the table above. For completed items (response coded 0, 1, 2) the Item scores are usually the same as the standard values. The exceptions are items 07, 11, 14, 21 and 25, which are shown bolded in the table. These items are "reverse-scored", that is, the standard value is mapped (→) to Item scores as follows: 0→2, 1→1, 2→0.

Summary scores are only calculated if at least three of the five items have been completed (that is, coded 0, 1 or 2). Otherwise the summary score is set to missing. For the Summary scores, the missing value used should be 99.

The Summary scores are computed using the equation shown below, with the result being rounded to the nearest whole number. In the first 25 SDQ questions, each summary scale is composed of five items.

$$\text{Summaryscore} = \left( \frac{\text{Sum of Item scores}}{\text{N of valid (completed) Items}} \right) \times \text{Number of Items}$$

## Calculating other diagnostic possibilities

In addition to their clinical value, the use of the perceptions of other informants can be used with an algorithm available from [www.youthinmind.net](http://www.youthinmind.net) to calculate other likely diagnostic options.

## Calculating the Total Difficulties scores

The simplest way to calculate the total difficulties score is to add up the following summary scores with the result being rounded to the nearest whole number.

$$\text{Total Score} = \text{Emotional Scale} + \text{Conduct Scale} + \text{Hyperactivity Scale} + \text{Peer Problem Scale}.$$

However, some of the summary scores may be missing. The rule is if more than one summary score is missing the Total Score is set to missing, value 99.

## Calculating the Impact Score

**Table 2: The individual SDQ impact items and the Total score derived from them.**

		Item Responses			
		Not at all	A little	A medium amount	A great deal
<b>Standard Value for Data Entry =====&gt;</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Data element</b>	<b>SDQ Item number and description</b>	<b>Item Score</b>			<b>Summary score</b>
Item 28	Difficulties upset or distress child	0	0	1	2
Item 29	Interfere with HOME LIFE	0	0	1	2
Item 30	Interfere with FRIENDSHIP	0	0	1	2
Item 31	Interfere with CLASSROOM LEARNING	0	0	1	2
Item 32	Interfere with LEISURE ACTIVITIES	0	0	1	2
<b>SDQ IMPACT SCORE</b>					<b>0-10</b>

These questions are NOT completed if respondents have answered “No” to Item 26, which asks for an overall opinion about difficulties being present. In this case, all Item responses for Items 27 through 33 should be coded to “8” for “not applicable”, and the impact score should be coded to zero. Item 27 is not included in the Impact Score, since it assesses the chronicity of the difficulties – the length of time they have been present. Item 33 is not included in the Impact Score, since it assess the burden on others rather than on the child/ youth.

The coded Item Responses for the remaining Items 28 through 32 have to be mapped to their Item Scores before adding up. This mapping is the same for all, namely: 0→0, 1→0, 2→1, 3→2 as per the table above.

Standard values must be used for coding missing item and Total scores. For individual items, the missing values are 7 unable to rate, 8 not applicable or protocol exclusion and 9 missing data. For the Total score, the missing value should be 99.

### Interpreting the SDQ Symptom Scores and Defining “Caseness” from Symptom Scores

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores in the bands as set out in the Table below. Using the comments, a “substantial risk of clinical significant problems” score on the Total Difficulties Score can be used to identify likely ‘cases’ with mental disorders. This is clearly only a rough- and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the ‘substantial risk of clinically significant’ band on any given score with a further 10% scoring in the ‘may reflect clinically significant problems’ band. The exact proportions vary according to country, age and gender – normative SDQ data are available from the website <http://www.sdqinfo.com/b8.html>. Banding and caseness criteria for these characteristics can be adjusted; setting the threshold higher when avoiding false positives is of paramount importance, and setting the threshold lower when avoiding false negatives is more important.



**Table 1: Interpreting SDQ scores.**

<b>PARENT VERSIONS</b>	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly raised, which may reflect clinically significant problems'	'This score is high - there is a substantial risk of clinically significant problems in this area'
Total Difficulties Score	0-13	14-16	17-40
Emotional Symptoms Score	0-3	4	5-10
Conduct Problem Score	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problem Score	0-2	3	4-10
	'This score is close to average – clinically significant problems in this area are unlikely'	'This score is slightly low, which may reflect clinically significant problems'	'This score is low - there is a substantial risk of clinically significant problems in this area'
Prosocial Behaviour Score	6-10	5	0-4
<b>SELF COMPLETED VERSIONS</b>	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly raised, which may reflect clinically significant problems'	'This score is high - there is a substantial risk of clinically significant problems in this area'
Total Difficulties Score	0-15	16-19	20-40
Emotional Symptoms Score	0-5	6	7-10
Conduct Problem Score	0-3	4	5-10
Hyperactivity Score	0-5	6	7-10
Peer Problem Score	0-3	4-5	6-10
	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly low, which may reflect clinically significant problems'	'This score is low - there is a substantial risk of clinically significant problems in this area'
Prosocial Behaviour Score	6-10	5	0-4

Note: This broad classification is based on information from the <http://www.sdqinfo.org/> web site © R Goodman and is derived from British norms. It is used with permission, and is intended to provide a general reference range only, while more detailed clinical interpretations are being developed with Dr. Goodman. It is anticipated that Australian norms will become available.

See <http://www.sdqinfo.org/> for more information.

### **Versions NOT specified for NOCC reporting**

Following are copies of the four SDQ versions not specified for NOCC reporting (ie teacher reports).

# Area Logo TC1

Teacher Report Measures for  
Children and Adolescents  
SDQ(T)04-10

Facility Name: \_\_\_\_\_  
Code: |\_|\_|\_|\_|\_|

Please use gummed label if available

Patient or Client Identifier:  
|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Surname: \_\_\_\_\_

Other names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: Male  Female

Address: \_\_\_\_\_

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour **over the last six months or this school year.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (T) 04-10 SELF-REPORT MEASURE (1 of 2)

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

Do you have any other comments or concerns?

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26</b> Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
<b>27</b> How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>28</b> Do the difficulties upset or distress the child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with the child’s everyday life in the following areas?				
<b>30. PEER RELATIONSHIPS</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31. CLASSROOM LEARNING</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33</b> Do the difficulties put a burden on the class as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you very much for your help**

© Robert Goodman 2002

# Area Logo TC2

Teacher Report Measures for  
Children and Adolescents  
SDQ(T)04-10 FU

Facility Name: \_\_\_\_\_

Code: |\_|\_|\_|\_|\_|

Please use gummed label if available

Patient or Client Identifier:

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Surname:

Other names:

Date of Birth:

Sex:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

Address:

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour **over the last month.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

SDQ (T) 04-10 FU SELF-REPORT MEASURE (1 of 2)

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
<b>34</b> Since coming to the service, are this child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>35</b> Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26</b> Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
<b>28</b> Do the difficulties upset or distress the child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
<b>30</b> PEER RELATIONSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33</b> Do the difficulties put a burden on the class as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

# Area Logo

## TY1

Teacher Report Measures for  
Children and Adolescents  
SDQ(T)11-17

Facility Name: \_\_\_\_\_

Code: | | | | |

Please use gummed label if available

Patient or Client Identifier:

| | | | | | | | | |

Surname:

Other names:

Date of Birth:

Sex:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Male

Female

Address:

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of this student's behaviour **over the last six months or this school year.**

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (T) 11-17 SELF-REPORT MEASURE (1 of 2)

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

Do you have any other comments or concerns?

SOURCE: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V1.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26.</b> Overall, do you think that this student has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
<b>27.</b> How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>28.</b> Do the difficulties upset or distress this student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with this student’s everyday life in the following areas?				
<b>30.</b> PEER RELATIONSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31.</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33.</b> Do the difficulties put a burden on the class as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

# Area Logo TY2

Teacher Report Measures for  
Children and Adolescents  
SDQ(T)11-17 FU

Facility Name: \_\_\_\_\_  
Code: |\_|\_|\_|\_|\_|

Please used gummed label if available

Patient or Client Identifier:  _ _ _ _ _ _ _ _ _ _ _ _
---

Surname:	
Other names:	
Date of Birth: ____ / ____ / _____	Sex: Male <input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub>
Address:	

**Instructions:** 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 you can even if you are not absolutely certain. Please give your answers on the basis of this student's behaviour **over the last month.**

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SDQ (T) 11-17 FU SELF-REPORT MEASURE (1 of 2)**



Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
25.	Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34. Since coming to the service, are this student's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
35. Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that this student has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress this student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with this student's everyday life in the following areas?				
30. PEER RELATIONSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties put a burden on the class as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you very much for your help.**

© Robert Goodman 2002

**NOTE: The SDQ forms displayed above are the generic forms that have been used in NSW.**

SOURCE: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures VI.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing