OMB No: ???: Exp Date: ???

Strengths and Difficulties Questionnaire			
(P4-10)	ID		
For each item. Diease fill in the circle for	Number Number		
South Carolina PLAY Project to Learn about ADHD in t would help us if you a	nswered all items as best as you		

e not absolutely certain. Please give your answers on the basis of your child's behavior <u>over the last six months</u>. Thank you.

	Not True	Somewh at True	Certainl y True
Considerate of other people's feelings	0	0	0
2. Restless, overactive, cannot stay still for long	0	0	0
3. Often complains of headaches, stomachaches or sickness	0	0	0
4. Shares readily with other children, for example toys, treats, pencils	0	0	0
5. Often loses temper	0	0	О
6. Rather solitary, prefers to play alone	0	0	0
7. Generally well behaved, usually does what adults request	0	0	0
8. Many worries or often seems worried	0	0	0
9. Helpful if someone is hurt, upset or feeling ill	0	0	0
10.Constantly fidgeting or squirming	0	0	0
11. Has at least one good friend	0	0	0
12.Often fights with other children or bullies them	0	0	0
13.Often unhappy, depressed or tearful	0	0	0
14.Generally liked by other children	0	0	0
15.Easily distracted, concentration wanders	0	0	0
16.Nervous or clingy in new situations, easily loses confidence	0	0	0
17.Kind to younger children	0	0	0
18.Often lies or cheats	0	0	0
19.Picked on or bullied by other children	0	0	0
20.Often offers to help others (parents, teachers, other children)	0	0	0
21.Thinks things out before acting	0	0	0
22.Steals from home, school or elsewhere	0	0	0

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333;

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	Not True	Somewh at True	Certainl y True
23.Gets along better with adults than with other children	0	0	0
24.Many fears, easily scared	0	0	0
25.Good attention span, sees chores or homework through to the end	0	0	0

26.1 Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people?	No O	Yes - Minor Difficultie s O	Yes - Definite Difficultie s O	The s
If you have answered "Yes" to #26, please answer the following questions about these difficulties: Interviewed				
27.How long have these difficulties been present?	Less than a Month	1-5 Months	6-12 Months	Over a Year O
28.Do the difficue see the child?	Not at All	A Littl) m E	A Great Deal
29.Do the difficulties interfere with your child's everyday life in the following areas?	Not at All	A Little	A Medium Amount	A Great Deal
a. HOME LIFE	0	0	0	0
b. FRIENDSHIPS	0	0	0	0
c. CLASSROOM LEARNING	0	0	0	0
d. LEISURE ACTIVITIES	0	0	0	0
30.Do the difficulties put a burden on you or the family as a whole?	0	О	0	0