



South Carolina PLAY
Project to Learn about ADHD in Youth

ID Number	OMB No: ??? Exp Date: ???				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Strengths and Difficulties Questionnaire (P11-17)

For each item, please fill in the circle 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 six months. Thank you.

	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, stomachaches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, 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 youth	<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 youth	<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 youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often offers 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"/>

	Not True	Somewhat True	Certainly True
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"/>

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 <input type="radio"/>	Yes - Minor Difficulties <input type="radio"/>	Yes - Definite Difficulties <input type="radio"/>	Yes - Severe Difficulties <input type="radio"/>
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If you have answered "Yes" to #26, please answer the following questions about these difficulties:

	Less than a Month <input type="radio"/>	1-5 Months <input type="radio"/>	6-12 Months <input type="radio"/>	Over a Year <input type="radio"/>
27. How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Do the difficulties upset or distress your child?	Not at All <input type="radio"/>	A Little <input type="radio"/>	A Medium Amount <input type="radio"/>	A Great Deal <input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. 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"/>

FOR STUDY USE ONLY

Date Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	Completed by	<input type="text"/>
	Month	Day	Year		
Date Reviewed	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reviewer Code	<input type="text"/>
	Month	Day	Year		
Date Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Code	<input type="text"/>
	Month	Day	Year		