



33974



South Carolina PLAY
Project to Learn about ADHD in Youth

ID Number

OMB No: 0920-0747; Exp Date: 7/31/2010

Strengths and Difficulties Questionnaire (Parent Report for Ages 11-17)

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, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other youth; 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 youth 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"/>

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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 information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (OMB No: 0920-0747).



	Not True	Somewhat True	Certainly True
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 youth	<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. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get along with other people?	No	Yes-Minor Difficulties	Yes-Definite Difficulties	Yes-Severe Difficulties
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered "Yes" to #26, please answer the following questions about these difficulties:

27. How long have these difficulties been present?	Less than a Month	1-5 Months	6-12 Months	Over a Year
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Do the difficulties upset or distress your child?	Not At All	A Little	Quite A Lot	A Great Deal
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Do the difficulties interfere with your child's everyday life in the following areas?	Not At All	A Little	Quite A Lot	A Great Deal
a. HOMELIFE	<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

ID Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date Interviewed

<input type="text"/>					
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Month

Day

Year

Interviewed By

<input type="text"/>	<input type="text"/>	<input type="text"/>
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