

## Attachment 3: SPDS mail questionnaire

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Data collection conducted under contract to the CDC by NORC at the University of Chicago.

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**Part A (for ages 6-10 years).** 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 base your answers on your child's behavior **over the last 6 months.**

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

25. Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 on with other people?	<b>N</b>	<b>Yes-minor difficulties</b>	<b>Yes-definite difficulties</b>	<b>Yes-severe difficulties</b>
	<b>O</b>	<b>S</b>	<b>S</b>	<b>S</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. If you answered "Yes" to question 26, please answer the following questions about these difficulties. If you answered "No" to question 26, please skip to Part B of this questionnaire.

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

B. Do the difficulties upset or distress your child?	<b>Not at all</b>	<b>Only a little</b>	<b>Quite a lot</b>	<b>A great deal</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Do the difficulties interfere with your child's everyday life in the following areas?	<b>Not at all</b>	<b>Only a little</b>	<b>Quite a lot</b>	<b>A great deal</b>
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEASURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Do the difficulties put a burden on you or the family as a whole?	<b>Not at all</b>	<b>Only a little</b>	<b>Quite a lot</b>	<b>A great deal</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Items in Part A are from the Strengths and Difficulties Questionnaire (© Robert Goodman, 2005)

**Part A (for ages 11-17 years).** 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 base your answers on your child's behavior **over the last 6 months.**

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

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 on with other people?	<b>N</b> <b>O</b> <input type="checkbox"/>	<b>Yes- minor difficultie</b> <b>S</b> <input type="checkbox"/>	<b>Yes- definite difficultie</b> <b>S</b> <input type="checkbox"/>	<b>Yes- severe difficultie</b> <b>S</b> <input type="checkbox"/>
27. <b>If you answered “Yes” to question 26</b> , please answer the following questions about these difficulties. <b>If you answered “No” to question 26</b> , please skip to Part B of this questionnaire.				
A. How long have these difficulties been present?	<b>Less than a month</b> <input type="checkbox"/>	<b>1-5 months</b> <input type="checkbox"/>	<b>6-12 months</b> <input type="checkbox"/>	<b>Over a year</b> <input type="checkbox"/>
B. Do the difficulties upset or distress your child?	<b>Not at all</b> <input type="checkbox"/>	<b>Only a little</b> <input type="checkbox"/>	<b>Quite a lot</b> <input type="checkbox"/>	<b>A great deal</b> <input type="checkbox"/>
C. Do the difficulties interfere with your child’s everyday life in the following areas?	<b>Not at all</b>	<b>Only a little</b>	<b>Quite a lot</b>	<b>A great deal</b>
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEASURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Do the difficulties put a burden on you or the family as a whole?	<b>Not at all</b> <input type="checkbox"/>	<b>Only a little</b> <input type="checkbox"/>	<b>Quite a lot</b> <input type="checkbox"/>	<b>A great deal</b> <input type="checkbox"/>

Items in Part A are from the Strengths and Difficulties Questionnaire (© Robert Goodman, 2005)

**Part B.** On the following pages you will find another list of descriptions of children's behavior. Please indicate the extent to which the description applies to your child **during the last two months**.

- Please mark “clearly or often applies” if the description **clearly** applies to your child and/or if the behavior occurs **regularly**.
- Please mark “sometimes or somewhat applies” if the description applies to your child only **slightly** and/or if the behavior occurs **infrequently**.
- Please mark “does not apply” if the description does **not apply** to your child and/or the behavior does **not occur**.

**Please fill in the questionnaire as you see your child, even if this view is not shared by others.**

Although you may be uncertain whether some behaviors apply to your child, please try to answer every question.

	Clearly or often applies	Sometimes or somewhat applies	Does not apply
1. Talks confusedly; jumps from one subject to another in speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Only talks about things that are of concern for himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not fully understand what is being said to him/her, i.e., tends to miss the point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Frequently says things that are not relevant to the conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does not understand jokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Takes things literally, e.g., does not understand certain expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is exceptionally naive; believes anything you say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Over-reacts to everything and everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Draws excessive attention to him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Flaps arms/hands when excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Makes odd, fast movements with fingers or hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sways to and fro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does not look up when spoken to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Acts as if others are not there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Lives in a world of his/her own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Makes little eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Dislikes physical contact, e.g., does not want to be touched or hugged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does not seek comfort when he/she is hurt or upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does not initiate play with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has little or no need for contact with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does not respond to initiatives by others, e.g., does not play along when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is unusually sensitive to certain sounds, e.g., always hears certain sounds earlier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is extremely pleased by certain movements and keeps doing them, e.g., turning around and around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Smells objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Constantly feels objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is fascinated by certain colors, forms, or moving objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Has difficulties doing two things simultaneously, e.g., he/she cannot dress and listen to parent at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Does things without realizing what stage of the activity he/she has reached (beginning, middle, ending)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does things without realizing the aim, e.g., constantly has to be reminded to finish things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Shows sudden changes of mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Quickly gets angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Stays angry for a long time, e.g., when he/she does not get his/her way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Cannot be made enthusiastic about anything; does not particularly like anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Does not show his/her feelings in facial expressions and/or bodily posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Does not appreciate danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Barely distinguishes between strangers and familiar people, e.g., readily goes with strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Is disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Cannot be corrected in situations in which he/she has done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Takes in information with difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Makes inconsiderate remarks, e.g., remarks that are painful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does not appreciate it when someone else is hurt or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Makes a fuss over little things; "makes a mountain of a mole-hill"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does not know when to stop, e.g., goes on and on about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is extremely stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Panics in new situations or if change occurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Remains clammed up in new situations or if change occurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Opposes change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Gets lost easily, e.g., when out with someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Has no sense of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Items in Part B are from the Children's Social Behavior Questionnaire (© University of Groningen, 2001)

**Part C.** Many of the previous questions have been about difficulties and problems. Now we want to ask about strengths and other good things. Each child has their own unique qualities and talents. Please rate your child on each of the skills below. Answer each question by circling a number from 1 through 5 (1 meaning skill is less of a strength and 5 meaning skill is more of a strength).

	<b>Less of a Strength</b>		<b>Somewhat A Strength</b>		<b>More of a Strength</b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
1. Has an eye for detail	1	2	3	4	5
2. Is able to learn things easily	1	2	3	4	5
3. Has good computer skills	1	2	3	4	5
4. Has good math skills	1	2	3	4	5
5. Has good music skills	1	2	3	4	5
6. Has good artistic skills	1	2	3	4	5
7. Compliments family members when they accomplish something	1	2	3	4	5
8. Gets along with family members	1	2	3	4	5
9. Gets along with peers and friends of similar age	1	2	3	4	5
10. Speaks in a nice tone of voice when talking with others	1	2	3	4	5
11. Takes good care of things so they last	1	2	3	4	5
12. Uses free time at home in a good way	1	2	3	4	5
13. Is able to relax and enjoy life	1	2	3	4	5
14. Finishes the tasks [he/she] starts	1	2	3	4	5
15. Is good at physical activities like sports or exercising	1	2	3	4	5
16. Shows interest and curiosity in learning new things	1	2	3	4	5
17. Cares about doing well in school	1	2	3	4	5
18. Does all required homework	1	2	3	4	5
19. Displays appropriate emotions in most social settings	1	2	3	4	5
20. Is happy with who [he/she] is	1	2	3	4	5

	<b>Mother</b>	<b>Father</b>	<b>Other</b>
What is your relationship to this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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