



Strengths and Difficulties

QUESTIONNAIRE

Name of Child:

Completed by:

Relationship to child:

Date:

19. Fuller discussion is vital for several reasons. Firstly, it is important to establish level and nature of any difficulties more clearly. Information from other sources is also relevant for this purpose. Secondly, the overall score may be below the cut off point indicative of disorder, but there may still be issues that are important to the respondent. The response to a single item might provide the cue. Thirdly, it is crucial to understand how the child, parent and other family members are responding to how the child is, or what the child is doing/saying.

Scoring

20. This is explained on the sheet that accompanies the questionnaires.
21. Each item is scored 0, 1 or 2. Somewhat true is always scored 1, but whether Not true and Certainly true are scored 0 or 2 depends on whether the item is framed as a strength or difficulty.
22. The scoring sheet explains which item contributes to which subscales. The Pro-social scale is scored so that an absence of pro-social behaviour scores low. A child may have difficulties but if they have a high Pro-social score the outlook for intervention is better.
23. The scoring sheet has a chart, which indicates which total scores are low, average or high in the general population. High scores overall or for any subscale point to the likelihood of a significant disorder, and/or a disorder of a particular type. They do not guarantee that there will be found to be a disorder when a more thorough assessment is conducted. Neither does a low score guarantee the absence of a problem, but the instrument is useful for screening.

References

Goodman R (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*. **38**: 581–586.

Goodman R, Meltzer H and Bailey V (1998) The strengths and difficulties questionnaire: A pilot study on the validity of the self-report version. *European Child & Adolescent Psychiatry*. **7**: 125–130.



Strengths and Difficulties

GUIDANCE ON USING QUESTIONNAIRES

STRENGTHS AND DIFFICULTIES QUESTIONNAIRES

Background

1. Evaluation of children's emotional and behavioural development is a central component of social work assessment.
2. These questionnaires screen for child emotional and behavioural problems. These scales are similar to older scales such as Rutter A & B Scales developed for use by parents and teachers, but put a greater emphasis on strengths.

The Scales

3. The questionnaires consist of 25 items that refer to different emotions or behaviours.
4. For each item the respondent marks in one of three boxes to indicate whether the item is **not** true, **somewhat** true or **certainly** true for the child in question.
5. On the back of each questionnaire are questions that aim to address severity by scoring duration of the difficulties and their impact on the child, themselves or others.
6. Children's emotional and behavioural problems are not always evident in all situations. When they are, the problem is usually more severe. As with the Rutter scales, the Strengths and Difficulties Questionnaires have both parent and teacher versions.
7. In young children, parents' reports of their emotions and behaviour are usually more reliable than those of the children themselves, but in adolescence, parents are often unaware of their children's emotional state. There is therefore a Strengths and Difficulties questionnaire for young people aged 11–16.
8. The Rutter scales were originally devised for children aged 9–10, and have been shown to be valid for those aged 6–16. The Strengths and Difficulties Scale covers ages 4–16, and there is an additional scale for children aged 3–4.

9. The scales can be scored to produce an overall score that indicates whether the child/young person is likely to have a significant problem. Selected items can also be used to form subscales for Pro-social Behaviour, Hyperactivity, Emotional Symptoms, Conduct and Peer problems.

Use

10. The questionnaires are of value in both assessments and for evaluating progress.
11. They can give an indication of whether a child/young person is likely to have a significant emotional or behavioural problem/disorder, and what type of disorder it is.
12. During piloting over half the children assessed scored above the cut-off scores indicating a probable disorder.
13. The most common problems were Hyperactivity, Peer and Conduct problems. These were identified in over half the children.
14. One social worker commented that the questionnaire 'gave a more in-depth look at the young person'. Another said that with the individual child/young person it could be a springboard for therapeutic action, and that it would be helpful, alongside work with the family, to monitor progress.

Administration

15. The respondent whether parent, child or teacher needs to understand where the use of the questionnaire fits into the overall assessment.
16. It is usually best if the respondent completes the questionnaire in the presence of the social worker. Sometimes it will be necessary for the worker to administer the scale verbally.
17. The scale takes about 10 minutes to complete.
18. It is preferable if full discussion is kept to the end, but there will be occasions when what the respondent says while completing the scale should be acknowledged immediately.

Interpreting scores and identifying need

The provisional bandings shown below have been selected so that roughly 80% of children in the community do not have needs in these areas, 10% have some needs, and 10% have high needs.

	LOW NEED	SOME NEED	HIGH NEED
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Self completed

Total difficulties score	0–15	16–19	20–40
Conduct problems score	0–3	4	5–10
Hyperactivity score	0–5	6	7–10
Emotional symptoms score	0–5	6	7–10
Peer problem score	0–3	4–5	6–10
Pro-social behaviour score	6–10	5	0–4



Strengths and Difficulties

SCORING

SCORING THE SELF REPORT STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

The 25 items in the SDQ comprise 5 scales of 5 items each. The first stage of scoring the questionnaire is generally to score each of the 5 scales. Somewhat true is always scored as 1, but the scoring of Not True and Certainly True varies with each item. The score for each response category is given below scale by scale.

Pro-social Scale

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
I am considerate of others	0	1	2
I usually share	0	1	2
I am helpful if	0	1	2
I am kinder to younger	0	1	2
I often volunteer	0	1	2

Hyperactivity Scale

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
I am restless	0	1	2
I am constantly fidgeting	0	1	2
I am easily distracted	0	1	2
Thinks things out	0	1	2
I see tasks through	0	1	2

Emotional Symptoms Scale

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
I get a lot of headaches	0	1	2
I worry a lot	0	1	2
I am often unhappy	0	1	2
I am nervous in	0	1	2
I have many fears	0	1	2

Conduct Problems Scale

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
I get very angry	0	1	2
I usually do as I am told	0	1	2
I fight a lot	0	1	2
I am often accused of lying	0	1	2
I take things	0	1	2

Peer Problems Scale

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
I am rather solitary	0	1	2
I have at least one good friend	0	1	2
Other people ... like me	0	1	2
Other ... people pick on me ...	0	1	2
I get on better with adults ...	0	1	2

For each of the 5 scales the score can range from 0 to 10 provided all five items have been completed. You can prorate the scores if there are only one or two missing items.

To generate a total difficulties score, sum the four scales dealing with problems but do not include the pro-social scale. The resultant score can range from 0 to 40. Provided at least 12 of the relevant 20 items are completed, you can prorate the total if necessary.



Strengths and Difficulties

QUESTIONNAIRE

TO BE COMPLETED BY A MAIN CARER OF A CHILD AGED BETWEEN 3 AND 4

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, or the items seem daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name _____ Male/Female _____ Date of Birth _____

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, downhearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things over before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No difficulties	Yes – minor difficulties	Yes – more serious difficulties	Yes – severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

• How long have these difficulties been present?

Less than a month	1–5 months	5–12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
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"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date _____

Mother/Father/Other (please specify) _____

Thank you very much for your help



Strengths and Difficulties

QUESTIONNAIRE

TO BE COMPLETED BY A MAIN CARER OF A CHILD AGED BETWEEN 4 AND 16

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, or the items seem daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name _____ Male/Female _____ Date of Birth _____

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot sit still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, downhearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No difficulties	Yes – minor difficulties	Yes – more serious difficulties	Yes – severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- How long have these difficulties been present?

Less than a month	1–5 months	5–12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
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"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date _____

Mother/Father/Other (please specify) _____

Thank you very much for your help



Strengths and Difficulties

QUESTIONNAIRE

TO BE COMPLETED BY A YOUNG PERSON BETWEEN 11 AND 16

Please read the questionnaire carefully. For each of the statements put a tick in the box that you think is most like you. It would help us if you put a tick for all the statements – even if it seems a bit daft! Please give answers on the basis of how you have been feeling over the last six months.

Your Name _____ Your age _____

	Not True	Somewhat True	Certainly True
I try to be nice to people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get restless, I cannot sit still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, downhearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of cheating or lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the things I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No difficulties	Yes – minor difficulties	Yes – more serious difficulties	Yes – very severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- How long have these difficulties been present?

Less than a month	1–5 months	5–12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
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"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties make it harder for those around you (family, friends, teachers etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date _____

Thank you very much for your help



Strengths and Difficulties

QUESTIONNAIRE

CHECK SHEET

Pro-social	0	1	2
Hyperactivity	0	1	2
Emotional	0	1	2
Pro-social	0	1	2
Conduct	0	1	2
Peer	0	1	2
Conduct	2	1	0
Emotional	0	1	2
Pro-social	0	1	2
Hyperactivity	0	1	2
Peer	2	1	0
Conduct	0	1	2
Emotional	0	1	2
Peer	2	1	0
Hyperactivity	0	1	2
Emotional	0	1	2
Pro-social	0	1	2
Conduct	0	1	2
Peer	0	1	2
Pro-social	0	1	2
Hyperactivity	2	1	0
Conduct	0	1	2
Peer	0	1	2
Emotional	0	1	2
Hyperactivity	2	1	0

