

Strengths and Difficulties Questionnaire

S18+
FOLLOW-UP

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 give your answers on the basis of how things have been for you **over the last month**.

Your Name

Male/Female

Date of Birth.....

| | Not True | Somewhat True | Certainly True |
|---|--------------------------|--------------------------|--------------------------|
| I try to be nice to other people. I care about their feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am restless, I find it hard to sit down 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, for example food or drink | <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 would rather be alone than with other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am generally willing to do what other people want | <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 at least one good friend | <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, depressed or tearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other people 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 children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am often accused of lying or cheating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other people pick on me or bully me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I often offer to help others (family members, friends, colleagues) | <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, work or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I get along better with older people than with people of 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 work I'm doing. My attention is good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any other comments or concerns?

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

Since coming to the clinic, are your problems:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Much worse | A bit worse | About the same | A bit better | Much better |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable?

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

Over the last month, have you had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

| | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|
| No | Yes-minor difficulties | Yes-definite 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:

- 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 |
| getting along with the people you are closest to (e.g. family, partner) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| making and keeping friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| work or study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hobbies, sports or other 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, 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"/> |

Your signature

Today's date

Thank you very much for your help