

FOLLOW UP STUDENT (11-17 YEARS OLD) STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

Name: _____ RTL ID: _____

Date of Birth: _____ Male/Female (circle one)

RTL Staff:

**Please tear off this page if sending this form to
Washington State University for data entry**

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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 your child's behavior over the last six months.

Child ID: _____ Date Completed: _____

	Not True	Somewhat True	Certainly True
1. I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am restless, I cannot sit still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I get a lot of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I usually share with others, for example CD's, games or food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would rather be alone than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am often unhappy, depressed, or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I often offer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I take things that are not mine from home, school, or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I get along better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I finish the work I am doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

:: Please fill out next side ::

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26. Overall, do you think that you have had difficulties in any 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

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

27. Do the difficulties upset or distress you?

- Not at all
- A little
- A medium amount
- A great deal

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

- Not at all
- A little
- A medium amount
- A great deal

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

	Not at all	A little	A medium amount	A great deal
A. Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Home Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Friendships	<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. Since participating in the program, are your problems:

- Much worse
- A bit worse
- About the same
- A bit better
- Much better

31. Has participating in the program been helpful in other ways, e.g. providing information or making the problems more bearable?

- Not at all
- A little
- A medium amount
- A great deal

Thank you!