

School

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Teacher

| | |
|--|--|
| | |
|--|--|

Child

| | |
|--|--|
| | |
|--|--|

THE DEVELOPING CHILD

Please complete 1 questionnaire for each study child

This questionnaire is in 4 sections: Section A comprises many of the general behaviour questions known as the Strengths and Difficulties scale; Sections B and C are parts of the teacher version of the Development and Well-being Assessment and are aimed to identify the degree of hyperactivity and conduct disorder; D asks you to rate parental involvement and special needs.

Please tick the appropriate box in answer to each question.

THANK YOU SO MUCH FOR YOUR HELP

This child is:

Boy

| |
|---|
| 1 |
|---|

Girl

| |
|---|
| 2 |
|---|

day

month

year

Date of birth:

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

| | | | |
|---|---|---|--|
| 1 | 9 | 9 | |
|---|---|---|--|



**All answers are confidential
and will be retained without identifying information**

9/05/02

SECTION A: STRENGTHS AND DIFFICULTIES (N.B. The right-hand column sometimes represents strengths and sometimes difficulties)

Please think about this child's behaviour over the last 6 months if you can:

| This child: | Not true | Somewhat true | Certainly true |
|---|------------------------|--------------------------|---------------------------|
| A1. Is considerate of other people's feelings | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A2. Is restless, overactive, cannot stay still for long | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A3. Often complains of headaches, stomach-aches or sickness | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A4. Shares readily with other children (treats, toys, pencils etc.) | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A5. Is rather solitary, tends to play alone | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A6. Is generally obedient, usually does what adults request | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A7. Has many worries, often seems worried | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A8. Is helpful if someone is hurt, upset or feeling ill | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A9. Constantly fidgets or squirms | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A10. Has at least one good friend | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A11. Often fights with other children or bullies them | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A12. Is often unhappy, down-hearted or tearful | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A13. Is generally liked by other children | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |

| | Not true | Somewhat true | Certainly true |
|--|----------------------------|---------------------------|------------------------|
| A14. Is nervous or clingy in new situations, easily loses confidence | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A15. Is kind to younger children | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A16. Is picked on or bullied by other children | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A17. Often volunteers to help others (parents, teachers, other children) | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A18. Thinks things out before acting | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A19. Gets on better with adults than with other children | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A20. Has many fears, is easily scared | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A21. Sees tasks through to the end, good attention span | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| A22. Do you have any other comments or concerns? | Yes 1 <input type="text"/> | No 2 <input type="text"/> | |

Please describe:

.....

A23. Overall, to summarise, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

| | | | | | | | |
|----|------------------------|------------------------|------------------------|---------------------------|------------------------|-------------------------|------------------------|
| No | 1 <input type="text"/> | Yes minor difficulties | 2 <input type="text"/> | Yes definite difficulties | 3 <input type="text"/> | Yes severe difficulties | 4 <input type="text"/> |
|----|------------------------|------------------------|------------------------|---------------------------|------------------------|-------------------------|------------------------|

↓

If no, go to Section B on page 5.

If yes, please answer the following questions about these difficulties:

A23. a) How long have these difficulties been present?

Less than
1 month

1-5
months

6-12
months

more than
a year

don't know

b) Do the difficulties upset or distress the child?

Not
at all

Only a
little

Quite
a lot

A great
deal

c) Do the difficulties interfere with the child's everyday life in the following areas?

| | Not at all | Only a little | Quite a lot | A great deal |
|------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| i) Peer relationships | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| ii) Classroom learning | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |

d) Do the difficulties put a burden on you or the class as a whole?

Not
at all

Only a
little

Quite
a lot

A great
deal



SECTION B: ATTENTION, ACTIVITY AND IMPULSIVENESS

B1. When doing something in class that he/she enjoys and/or is good at, whether reading, drawing, making something or whatever, how long does he/she typically stick to that task?

| | | | | |
|------------------------|----------------|----------------|------------------|-----------------------|
| Less than 2 minutes | 2-4 minutes | 5-9 minutes | 10-19 minutes | 20 minutes or more |
| <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> |

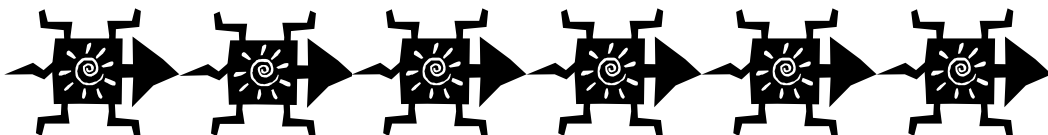
B2. For each statement below please answer all items as well as you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last school year.

| | Not true | Somewhat true | Certainly true |
|--|---------------------|--------------------------|---------------------------|
| a) Makes careless mistakes | <div>1</div> | <div>2</div> | <div>3</div> |
| b) Fails to pay attention | <div>1</div> | <div>2</div> | <div>3</div> |
| c) Quickly loses interest in what he/she is doing | <div>1</div> | <div>2</div> | <div>3</div> |
| d) Doesn't seem to listen | <div>1</div> | <div>2</div> | <div>3</div> |
| e) Fails to finish things he/she starts | <div>1</div> | <div>2</div> | <div>3</div> |
| f) Is disorganised | <div>1</div> | <div>2</div> | <div>3</div> |
| g) Tries to avoid tasks that require thought | <div>1</div> | <div>2</div> | <div>3</div> |
| h) Loses things | <div>1</div> | <div>2</div> | <div>3</div> |
| i) Is easily distracted | <div>1</div> | <div>2</div> | <div>3</div> |
| j) Is forgetful | <div>1</div> | <div>2</div> | <div>3</div> |
| k) Fidgets | <div>1</div> | <div>2</div> | <div>3</div> |
| l) Can't stay sitting when required to do so | <div>1</div> | <div>2</div> | <div>3</div> |
| m) Runs or climbs about when he/she shouldn't | <div>1</div> | <div>2</div> | <div>3</div> |

| | Not true | Somewhat true | Certainly true |
|---|--------------|---------------|----------------|
| B2. n) Has difficulty playing quietly | <div>1</div> | <div>2</div> | <div>3</div> |
| o) Finds it hard to calm down when asked to do so | <div>1</div> | <div>2</div> | <div>3</div> |
| p) Interrupts, blurts out answers to questions | <div>1</div> | <div>2</div> | <div>3</div> |
| q) Finds it hard to wait his/her turn | <div>1</div> | <div>2</div> | <div>3</div> |
| r) Interrupts or butts in on others | <div>1</div> | <div>2</div> | <div>3</div> |
| s) Goes on talking if asked to stop | <div>1</div> | <div>2</div> | <div>3</div> |

B3. If you have ticked 'Certainly true' to any of B2(a) - (s) please answer (a) - (d) below. Otherwise go to section C.

| Do these behaviour patterns: | Not at all | Only a little | Quite a lot | A great deal |
|---|--------------|---------------|--------------|--------------|
| a) Upset or distress him/her? | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| b) Interfere with his/her peer relationships? | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| c) Interfere with his/her classroom learning? | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| d) Put a burden on you or the class as a whole? | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |



SECTION C: AWKWARD AND TROUBLESOME BEHAVIOUR

Over the past school year how much to your knowledge has his/her behaviour been like the following:

| As far as I know he/she: | Not true | Somewhat true | Certainly true |
|---|------------------------|------------------------|------------------------|
| C1. a) Has temper tantrums or hot tempers | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| b) Argues a lot with adults | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| c) Is disobedient at school | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| d) Deliberately does things to annoy others | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| e) Blames others for his/her own mistakes | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| f) Is easily annoyed by others | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| g) Is angry and resentful | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| h) Is spiteful | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| i) Tries to get his/her own back | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| j) Lies or cheats | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| k) Starts fights | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| l) Bullies others | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| m) Plays truant | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| n) Uses weapons when fighting | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| o) Has been physically cruel, has really hurt someone | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| p) Has been deliberately cruel to animals | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| q) Sets fire deliberately | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| r) Steals things | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |

| | Not true | Somewhat true | Certainly true |
|---|--------------|---------------|----------------|
| C1. s) Vandalises property or destroys things belonging to others | <div>1</div> | <div>2</div> | <div>3</div> |
| t) Shows unwanted sexual behaviour towards others | <div>1</div> | <div>2</div> | <div>3</div> |
| u) Has been in trouble with the law | <div>1</div> | <div>2</div> | <div>3</div> |

C2. If you have ticked 'Certainly true' to any of questions C1(a) - (u), please answer (a) - (d) below. Otherwise go to section D.

| Do these behaviour patterns: | Not at all | Only a little | Quite a lot | A great deal |
|---|--------------|---------------|--------------|--------------|
| a) Upset or distress him/her? | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| b) Interfere with his/her peer relationships? | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| c) Interfere with his/her classroom learning? | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |
| d) Put a burden on you or the class as a whole? | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> |



SECTION D: ABILITIES AND SPECIAL NEEDS

For each item, please tick one of the boxes. It would help us if you answered all items as well as you can even if you are not absolutely certain.

D1. a) Has this child ever been recognised as having special educational needs?

Yes ☐

No ☐ → If **no**, go to D2 on page 10

If **yes**,

b) Please tick the specific problem(s) below:

| | Yes now | In past not now | No |
|--|--------------------------|--------------------------|--------------------------|
| i) Learning difficulties* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Specific learning difficulties* (e.g. Dyslexia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Emotional and behavioural difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Speech and language difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Sensory impairment (Hearing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi) Sensory impairment (Visual) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vii) Physical disabilities* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| viii) Medical conditions* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ix) Developmental delay* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x) Other* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Please describe

.....

PLEASE MAKE SURE YOU HAVE A TICK ON EACH LINE

D1. c) Is the child statemented?

child has a statement

1

currently undergoing statutory assessment

2

not statemented nor being considered

3

has been refused a statement

4

d) What is happening at the moment? (please tick all that apply)

i) Taught within school provision

1

ii) Child is at special school

1

iii) Child goes to special classes

1

iv) Child has a special teacher

1

v) Hospital school

1

vi) Educated at home

1

vii) Child excluded from school

1

viii) Something else
(please tick and describe)

1

.....
.....

D2. Please indicate which stream (or ability group) if any, the child is in for:

STREAM (ABILITY GROUP)

**Do not
stream**

**Most
able**

Middle

**Least
able**

i) Maths

1

2

3

4

ii) Literacy/
English

1

2

3

4

D3. How much support do you think the child gets from his/her parents in regard to his/her learning?

very supportive

1

somewhat supportive

2

not at all supportive

3

can't say

4

D4. Have the child's parents been involved in any of the following ways?

| | | | | |
|--------------------------------------|-----|--------------------------------|----|--------------------------------|
| a) Help in class | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> |
| b) Help with out-of-class activities | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> |
| c) Attend parent-teacher sessions | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> |
| d) Other school activity | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> |

Space for comments.....

D5. How does the child cope with homework?

| | | | | | |
|------------------------|--------------------------------|---------------------------|--------------------------------|--------------------------|--------------------------------|
| none given | <input type="text" value="1"/> | given, but rarely does it | <input type="text" value="2"/> | given, sometimes does it | <input type="text" value="3"/> |
| given, usually does it | <input type="text" value="4"/> | given, always does it | <input type="text" value="5"/> | | |

D6. How well does this child work independently?

| | |
|-------------------------------------|--------------------------------|
| very capable | <input type="text" value="1"/> |
| somewhat capable | <input type="text" value="2"/> |
| rarely able to work without support | <input type="text" value="3"/> |

D7. How prepared do you feel this child is for secondary school?

| | |
|---|--------------------------------|
| very much so | <input type="text" value="1"/> |
| somewhat | <input type="text" value="2"/> |
| not very | <input type="text" value="3"/> |
| not relevant (will not go to secondary school) | <input type="text" value="4"/> |

SECTION E:

E1. How long have you been the teacher of this child?

| | | | | | |
|-------------|--------------------------------|----------------|--------------------------------|------------|--------------------------------|
| <1 month | <input type="text" value="1"/> | 1-2 months | <input type="text" value="2"/> | 3-5 months | <input type="text" value="3"/> |
| 6-11 months | <input type="text" value="4"/> | 1 year or more | <input type="text" value="5"/> | don't know | <input type="text" value="9"/> |

| | day | month | year |
|--|----------------------|----------------------|---|
| E2. Date of completion of this questionnaire | <input type="text"/> | <input type="text"/> | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text"/> |

THANK YOU VERY MUCH FOR YOUR HELP

When completed please return the questionnaire to:

Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR
Tel: 0117 9288487



[We are grateful to Professor Goodman for permission to use the Strengths and Difficulties and the DAWBA behaviour scales in this questionnaire]

For office use only

coder

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

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