

# CHILD BEHAVIOUR QUESTIONNAIRE - Parent Version

## PROBIT II STUDY

### 1. Identifying information

1.1 Hospital no.:|\_|\_| **Par002**

1.2 Subject no.:|\_|\_|\_|\_| **Par003**

1.3 Date form completed: |\_|\_||*dd* |\_|\_||*mm* 200|\_|\_|*y* **Par004**

1.4 Child's Last & First names \_\_\_\_\_

1.5 Parent completing questionnaire: Mother <sub>1</sub> Father <sub>2</sub> Other (legal guardian) <sub>3</sub> **Par006**

### 2. Strengths and Difficulties Questionnaire (SDQ)

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.

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE	
2.1 Considerate of other people's feelings	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par007</b>
2.2 Restless, overactive, cannot stay still for long	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par008</b>
2.3 Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par009</b>
2.4 Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par010</b>
2.5 Often loses temper	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par011</b>
2.6 Rather solitary, prefers to play alone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par012</b>
2.7 Generally well behaved, usually does what adults request	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par013</b>
2.8 Many worries or often seems worried	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par014</b>
2.9 Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par015</b>
2.10 Constantly fidgeting or squirming	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par016</b>
2.11 Has at least one good friend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par017</b>
2.12 Often fights with other children or bullies them	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par018</b>
2.13 Often unhappy, depressed or tearful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par019</b>
2.14 Generally liked by other children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par020</b>
2.15 Easily distracted, concentration wanders	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par021</b>
2.16 Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par022</b>
2.17 Kind to younger children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par023</b>
2.18 Often lies or cheats	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par024</b>
2.19 Picked on or bullied by other children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par025</b>
2.20 Often offers to help other (parents, teachers, other children)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par026</b>
2.21 Thinks things out before acting	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par027</b>
2.22 Steals from home, school or elsewhere	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par028</b>
2.23 Gets along better with adults than children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par029</b>
2.24 Many fears, easily scared	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par030</b>
2.25 Good attention span, sees work through to the end	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par031</b>

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2.26 Overall, do you think that your child has difficulties in any of the following areas: emotion, concentration, behaviour or being able to get along with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes- severe difficulties
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub> <b>Par032</b>

If you answered ' YES' to question 2.26, please answer the following questions about these difficulties:

2.27 How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub> <b>Par033</b>

2.28 Do the difficulties upset or distress your children?

Not at all	A little	A medium amount	A great deal
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub> <b>Par034</b>

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

	Not at all	A little	A medium amount	A great deal
2.29.1. HOME LIFE	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub> <b>Par035</b>
2.29.2. FRIENDSHIP	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub> <b>Par036</b>
2.29.3. CLASSROOM LEARNING	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub> <b>Par037</b>
2.29.4. LEISURE ACTIVITIES	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub> <b>Par038</b>

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

Not at all	A little	A medium amount	A great deal
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub> <b>Par039</b>

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### 3. Supplemental questions

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.

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE	
3.1 Readily approaches children he/she does not know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par040</b>
3.2 Hits, bites, or pinches other children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par041</b>
3.3 Has no energy, feels tired	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par042</b>
3.4 Does not want to sleep alone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par043</b>
3.5 When mad at someone, says bad things behind the other's back	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par044</b>
3.6 Is shy with children he/she does not know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par045</b>
3.7 Is nervous, high-strung, or tense	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par046</b>
3.8 Reacts in an aggressive manner when contradicted or teased	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par047</b>
3.9 Is not as happy as other children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par048</b>
3.10 Clings to adults or is too dependent	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par049</b>
3.11 Scares other children to get what he/she wants	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par050</b>
3.12 Has trouble enjoying him/herself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par051</b>
3.13 Gets very upset when separated from parents	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par052</b>
3.14 Does not seem to feel badly after misbehaving	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par053</b>
3.15 Takes a long time getting used to being with children he/she does not know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<b>Par054</b>
3.16 Has your child been seen by a psychologist or psychiatrist in the last 12 months?				
	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<b>Par055</b>	