



School

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Teacher

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Child

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CHILD'S BEHAVIOUR AND ABILITIES

Please complete 1 questionnaire for each study child

This questionnaire is in 4 sections: A asks you to rate his/her abilities, parental involvement and special needs; 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; section D comprises many of the general behaviour questions known as the Strengths and Difficulties scale.

Please tick the appropriate box in answer to each question.

THANK YOU SO MUCH FOR YOUR HELP

This child is:

Boy

Girl

Date of birth:

| | |
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199

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

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

| |
|----------------|
| 4/05/99 |
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SECTION A: 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.

A1. In comparison with the national average, how would you rate the child **for his/her age** in regard to the following?

| | Very good | Good | Average | Not very good | Poor | Is unable to do this |
|----------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a) General ability | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | ↓ |
| b) Art | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c) Singing/music | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d) General knowledge | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e) Games/gymnastics | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

A2. How much support do you think the child gets from his/her parents in regard to his/her learning?

| | | | |
|-----------------------|-------------------------------|---------------------|-------------------------------|
| very supportive | <input type="checkbox"/> 1 | somewhat supportive | <input type="checkbox"/> 2 |
| not at all supportive | <input type="checkbox"/> 3 | can't say | <input type="checkbox"/> 4 |

A3. Have the child's parents been involved in any of the following ways?

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

Space for comments.....

A4. a) Has this child ever been recognised as having special educational needs?

Yes

No

If no, go to A5 on page 5

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

A4. c) Is the child statemented?

- child has a statement
- currently undergoing statutory assessment
- not statemented nor being considered
- has been refused a statement

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

- i) Taught within school provision
- ii) Child is at special school
- iii) Child goes to special classes
- iv) Child has a special teacher
- v) Hospital school
- vi) Educated at home
- vii) Child excluded from school
- viii) Something else
(please tick and describe)

.....

A5. 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 | <input style="border: 1px solid red; width: 40px; height: 25px; text-align: center; vertical-align: middle;" type="text" value="1"/> | <input style="border: 1px solid red; width: 40px; height: 25px; text-align: center; vertical-align: middle;" type="text" value="2"/> | <input style="border: 1px solid red; width: 40px; height: 25px; text-align: center; vertical-align: middle;" type="text" value="3"/> | <input style="border: 1px solid red; width: 40px; height: 25px; text-align: center; vertical-align: middle;" type="text" value="4"/> |
| ii) Literacy/ English | <input style="border: 1px solid red; width: 40px; height: 25px; text-align: center; vertical-align: middle;" type="text" value="1"/> | <input style="border: 1px solid red; width: 40px; height: 25px; text-align: center; vertical-align: middle;" type="text" value="2"/> | <input style="border: 1px solid red; width: 40px; height: 25px; text-align: center; vertical-align: middle;" type="text" value="3"/> | <input style="border: 1px solid red; width: 40px; height: 25px; text-align: center; vertical-align: middle;" type="text" value="4"/> |

A6. How does the child cope with homework?

- none given
- given, but rarely
does it
- given, sometimes
does it
- given, usually does it
- given, always does it

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 |
| <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="4"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="5"/> |

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 | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| b) Fails to pay attention | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| c) Quickly loses interest in what he/she is doing | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| d) Doesn't seem to listen | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| e) Fails to finish things he/she starts | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| f) Is disorganised | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| g) Tries to avoid tasks that require thought | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| h) Loses things | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| i) Is easily distracted | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| j) Is forgetful | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| k) Fidgets | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| l) Can't stay sitting when required to do so | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| m) Runs or climbs about when he/she shouldn't | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="1"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="2"/> | <input style="border: 1px solid red; width: 30px; height: 20px;" type="text" value="3"/> |
| | Not true | Somewhat true | Certainly true |

| | | | | |
|-----|---|--------------------------------|--------------------------------|--------------------------------|
| B2. | n) Has difficulty playing quietly | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| | o) Finds it hard to calm down when asked to do so | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| | p) Interrupts, blurts out answers to questions | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| | q) Finds it hard to wait his/her turn | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| | r) Interrupts or butts in on others | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| | s) Goes on talking if asked to stop | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

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

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

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 | 2 | 3 |
| b) Argues a lot with adults | 1 | 2 | 3 |
| c) Is disobedient at school | 1 | 2 | 3 |
| d) Deliberately does things to annoy others | 1 | 2 | 3 |
| e) Blames others for his/her own mistakes | 1 | 2 | 3 |
| f) Is easily annoyed by others | 1 | 2 | 3 |
| g) Is angry and resentful | 1 | 2 | 3 |
| h) Is spiteful | 1 | 2 | 3 |
| i) Tries to get his/her own back | 1 | 2 | 3 |
| j) Lies or cheats | 1 | 2 | 3 |
| k) Starts fights | 1 | 2 | 3 |
| l) Bullies others | 1 | 2 | 3 |
| m) Plays truant | 1 | 2 | 3 |
| n) Uses weapons when fighting | 1 | 2 | 3 |
| o) Has been physically cruel, has really hurt someone | 1 | 2 | 3 |
| p) Has been deliberately cruel to animals | 1 | 2 | 3 |
| q) Sets fire deliberately | 1 | 2 | 3 |
| r) Steals things | 1 | 2 | 3 |
| | Not | Somewhat | Certainly |

| | true | true | true |
|---|--------------------------------|--------------------------------|--------------------------------|
| C1. s) Vandalises property or destroys things belonging to others | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| t) Shows unwanted sexual behaviour towards others | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| u) Has been in trouble with the law | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

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

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

SECTION D: 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 |
|---|------------------------|------------------------|------------------------|
| D1. Is considerate of other people's feelings | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D2. Is restless, overactive, cannot stay still for long | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D3. Often complains of headaches, stomach-aches or sickness | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D4. Shares readily with other children (treats, toys, pencils etc.) | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D5. Is rather solitary, tends to play alone | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D6. Is generally obedient, usually does what adults request | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D7. Has many worries, often seems worried | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D8. Is helpful if someone is hurt, upset or feeling ill | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D9. Constantly fidgets or squirms | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D10. Has at least one good friend | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D11. Often fights with other children or bullies them | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D12. Is often unhappy, down-hearted or tearful | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| D13. Is generally liked by other children | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |

| | Not true | Somewhat true | Certainly true |
|--|------------------------------------|-----------------------------------|--------------------------------|
| D14. Is nervous or clingy in new situations, easily loses confidence | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| D15. Is kind to younger children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| D16. Is picked on or bullied by other children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| D17. Often volunteers to help others (parents, teachers, other children) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| D18. Thinks things out before acting | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| D19. Gets on better with adults than with other children | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| D20. Has many fears, is easily scared | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| D21. Sees tasks through to the end, good attention span | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| D22. Do you have any other comments or concerns? | Yes <input type="text" value="1"/> | No <input type="text" value="2"/> | |

Please describe:

.....

D23. 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 Yes minor difficulties Yes definite difficulties Yes severe difficulties

If no, go to Section E on page 12.

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

D23. a) How long have these difficulties been present?

Less than 1 month 1 1-5 months 2 6-12 months 3
more than a year 4 don't know 5

b) Do the difficulties upset or distress the child?

Not at all 1 Only a little 2 Quite a lot 3 A great deal 4

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"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 |
| ii) Classroom learning | <input type="text"/> 1 | <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 |

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

Not at all 1 Only a little 2 Quite a lot 3 A great deal 4

SECTION E:

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

<1 month 1 1-2 months 2 3-5 months 3
6-11 months 4 1 year or more 5 don't know 9

E2. Date of completion of this questionnaire

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

THANK YOU VERY MUCH FOR YOUR HELP

For office use only

coder

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

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