There are two questionnaires in this form - please fill out all sections with the parent being referred. It would help us if you answered all questions as best you can even if you are not sure. If you need assistance filling out this form, please contact the Parenting Service Team [medwayparenting@medway.gov.uk](mailto:medwayparenting@medway.gov.uk)

**STRENGTHS AND DIFFICULTIES QUESTIONNAIRE**

For each question about your child’s behaviour, please check the appropriate box by clicking into it (an ‘x’ will appear).

Please give your answers based on your child's behaviour over the last six months.

**Child’s name** Click or tap here to enter text. **Male**  **Female**

**Child’s date of birth** Click or tap to enter a date.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section A** | **Not True** | **Somewhat True** | **Certainly True** |
| Considerate of other people's feelings |  |  |  |
| Restless, overactive, cannot stay still for long |  |  |  |
| Often complains of headaches, stomach-aches or sickness |  |  |  |
| Shares readily with other children (treats, toys, pencils etc.) |  |  |  |
| Often has temper tantrums or hot tempers |  |  |  |
| Rather solitary, tends to play alone |  |  |  |
| Generally obedient, usually does what adults request |  |  |  |
| Many worries, often seems worried |  |  |  |
| Helpful if someone is hurt, upset or feeling ill |  |  |  |
| Constantly fidgeting or squirming |  |  |  |
| Has at least one good friend |  |  |  |
| Often fights with other children or bullies them |  |  |  |
| Often unhappy, downhearted or tearful |  |  |  |
| Generally liked by other children |  |  |  |
| Easily distracted, concentration wanders |  |  |  |
| Nervous or clingy in new situations, easily loses confidence |  |  |  |
| Kind to younger children |  |  |  |
| Often lies or cheats |  |  |  |
| Picked on or bullied by other children |  |  |  |
| Often volunteers to help others (parents, teachers, other children) |  |  |  |
| Thinks things out before acting |  |  |  |
| Steals from home, school or elsewhere |  |  |  |
| Gets on better with adults than with other children |  |  |  |
| Many fears, easily scared |  |  |  |
| Sees tasks through to the end, good attention span |  |  |  |

**PARENTING SELF-EFFICACY SCALE**

The following are statements about you and your child.

Please say **how much you agree or disagree** with each one.

Please check the appropriate box by clicking into it (an ‘x’ will appear).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| Even though I may not always manage it, I know what I need to do with my child |  |  |  |  |  |
| I am able to do the things that will improve my child’s behaviour |  |  |  |  |  |
| I can make an important difference to my child |  |  |  |  |  |
| In most situations I know what I should do to ensure my child behaves |  |  |  |  |  |
| The things I do make a difference to my child’s behaviour |  |  |  |  |  |

Completed by:

**Name** Click or tap here to enter text.

**Date** Click or tap to enter a date.

|  |  |  |
| --- | --- | --- |
| Mother | Father | Other (please specify) |
|  |  |  |

Click or tap here to enter text.

**Please attach this completed form as part of the parenting referral.**