



Young person aged between 11 and 17 years

FOR USE IF NO CONNECTIVITY IS AVAILABLE TO USE VIEWPOINT. Results from the paper based version will need to be entered into Viewpoint on your return to the Office using the Childs log in ID for inclusion in the Child Overview.

Young Person's Name _____ Date of completion: _____

How well does each statement describe how this child has been over the last 6 months?

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other young people, for example games and food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses her or his temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be lone than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well does each statement describe how this child has been over the last 6 months?

	Not True	Somewhat True	Certainly True
Helpful if someone is hurt, upset, or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, her or his concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well does each statement describe how this child has been over the last 6 months?

	Not True	Somewhat True	Certainly True
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often <u>offers</u> to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Have her or his teachers complained over the last 6 months of problems with...

	No, or doesn't apply	A little	A lot
Fidgetiness, restlessness or overactivity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration or being easily distracted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting without thinking about what she or he is doing, frequently butting in, or not waiting her or his turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

No - Difficulties	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have these difficulties been present?

Less than 1 month	1 to 5 months	6 to 12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties upset or distress her or him?

Not at all	A little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties interfere with her or his everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for your help