

SCHOOLING, INCOME AND HEALTH RISK. ROUND 4 - 2012					
PART II, CHILD, ENGLISH					
IDENTIFICATION NUMBERS					
1. CR ID: [][][][][][][][][]					
2. BIRTH ID: : [][][]					
3. CHILD INFORMATION					
a. Name: _____					
b. Nickname/other name: _____					
c. Age: _____					
d. Date of birth (dd/mm/yy) [][][]/[][][]/[][][]					
4. INTERVIEW INFORMATION					
a1. Interviewer initials					
a2. Interviewer ID code					
b. Date of visit		Fill date (dd/mm/yyyy)			
LENGTH OF INTERVIEW	5. Time Interview Started (hh:mm)		[][]:[][]		
	6. Time Interview Ended (hh:mm)		[][]:[][]		
QUESTIONNAIRE VERIFICATION					
a. SUPERVISOR		b. LOGGED BY		c. ENTERED BY d. VERIFIED BY	
7. Initials:					
8. ID Code:		[][]		[][]	[][]
9. Date (dd/mm/yy):		[][]/[][][]/[][][]		[][][][][]/[][][][][]/[][][][][]	[][][][][]/[][][][][]/[][][][][]
10. COMMENTS REGARDING VISIT:					

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE**TO BE ASKED ONLY ABOUT CR'S CHILDREN AGES 36-59 MONTHS OLD**

Now we would like to ask you some questions about [NAME'S] behavior.

Please tell us which of the following describe [NAME'S] behaviour over the last **SIX MONTHS**.

For each of these statements I will ask you, please tell me if the statement is not true, somewhat true, or certainly true.

	[NAME] is...	Not True	Somewhat True	Certainly True
1	Considerate of other people's feelings	1	2	3
2	Restless, overactive, cannot stay still for long	1	2	3
3	Often complains of headaches, stomach-aches or sickness	1	2	3
4	Shares readily with other children, for example toys, treats, pencils	1	2	3
5	Often loses temper	1	2	3
6	Rather solitary, prefers to play alone	1	2	3
7	Generally well behaved, usually does what adults request	1	2	3
8	Has many worries or often seems worried	1	2	3
9	Helpful if someone is hurt, upset or feeling ill	1	2	3
10	Constantly fidgeting or squirming	1	2	3
11	Has at least one good friend	1	2	3
12	Often fights with other children or bullies them	1	2	3
13	Often unhappy, depressed or tearful	1	2	3
14	Generally liked by other children	1	2	3
15	Easily distracted and his/her concentration wanders	1	2	3
16	Nervous or clingy in new situations, easily loses confidence	1	2	3
17	Kind to younger children	1	2	3
18	Often argumentative with adults	1	2	3
19	Picked on or bullied by other children	1	2	3
20	Often offers to help others (parents, teachers, other children)	1	2	3
21	Can stop and think things out before acting	1	2	3
22	Can be spiteful to others	1	2	3
23	Gets along better with adults than with other children	1	2	3
24	Many fears, easily scared	1	2	3
25	Good attention span, sees work through to the end	1	2	3

26	Overall, do you think that [NAME] has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?	No 1 >> NEXT SECTION Yes, minor difficulties 2 Yes, moderate difficulties 3 Yes, severe difficulties 4			
27	How long have these difficulties been present?	Less than a month 1 1-5 months 2 6 - 12 months 3 over 1 year 4			
28	Do the difficulties upset or distress [NAME]?	Not at all 1	Only a little 2	Quite a lot 3	A great deal 4
29	Do the difficulties interfere with [NAME]'s everyday life in the following areas?				
	Homelife	1	2	3	4
	Friendships	1	2	3	4
	Learning	1	2	3	4
	Leisure Activities Chisangalalo/kucheza	1	2	3	4
30	Do the difficulties put a burden on you or the family as a whole?	1	2	3	4