

Assessment Name:

Strengths and Difficulties Questionnaire (SDQ)

Validated Purpose of Assessment Method

Screening	Diagnostic	Progress-Monitoring
X		

Overview:

The SDQ is a brief behavioral screener for 4-17 year olds created by Goodman in 1997. This measure can be used as a screener for risk for psychiatric disorders. The SDQ focuses on positive attributes as well as risk symptoms regarding the child or adolescent's behavior in the past six months. There are multiple versions of the measure: *teacher report* for ages 4-11 and 11-17, *parent report* for ages 4-17, and *child self-report* for 11-17 year olds. Additionally, there is an early childhood SDQ for 2-4 year olds. Each questionnaire includes 25 items. An overall *Total Difficulties Score* is produced, along with five subscale scores: *Emotional Symptoms*, *Conduct Problems*, *Hyperactivity/Inattention*, *Relationship Problems*, and *Prosocial Behavior*. Optional *Internalizing* and *Externalizing* scales may also be produced. An optional impact supplement is also included on the longer form version which provides further information about chronicity, distress, social impairment, and burden to others. There are also follow-up versions of the questionnaire, which include additional questions along with a shorter time period to detect change after intervention. The SDQ has been translated into over ninety languages.

Brief review of validity and reliability evidence:

Several studies have examined the reliability and validity of the different versions of the SDQ. Goodman et al. generated the five-factor structure model of the SDQ, including the five subscales (Goodman, Meltzer, & Bailey, 1998). The reliability for the *Total Difficulties* score, *Impact* score, and five subscale scores is satisfactory (Goodman, 2001). There is conflicting research on reports of internal consistency as well as cross-informant correlations, with prior research demonstrating inconsistent results regarding internal consistency (Palmieri & Smith, 2007; Goodman, 2001). Both interrater reliability and test-retest reliability have been found to be satisfactory (Goodman, 2001). Pearson correlations across informants have been found significant ($p < .001$) for parent, teacher, and self-report for the emotional problems, conduct problems, and hyperactivity-inattention subscales (Goodman, 2001).

The measure has also been found to have satisfactory validity (Goodman, 2001). The SDQ results have been found to relate to risk for a DSM-IV disorder. The SDQ results were found to be highly correlated to the Child Behavior Checklist (CBCL) (Klasen et al., 2000; Goodman & Scott, 1999). Specifically, the SDQ internalizing and externalizing scales were highly correlated to the CBCL results, and the SDQ was better at predicting hyperactivity (Klasen et al., 2000; Goodman & Scott, 1999).

Diagnostic accuracy research has revealed high specificity, although low sensitivity has been reported (Goodman, 2001).

Strengths and Weaknesses:

There are several strengths of the SDQ. One of its greatest strengths is the accessibility and affordability of this screener: downloadable versions of each form are available online for free along with free access to an online scoring website. Additionally, the SDQ is a brief assessment, with only 25 items that may be completed in a short amount of time. The option to have multiple informants complete the SDQ, including the parent (ages 4-17), teacher (ages 4-17), and child (for ages 11-17), allows for the collection of a range of information from different perspectives on the child's strengths and risks. Additionally, the SDQ focuses on strengths in addition to difficulties, which is different than many other behavior risk screeners. The results of the SDQ provide helpful information across multiple subscales which may be used to inform areas of risk and future intervention. Lastly, there is no training required for administration of the SDQ, making this screener easily accessible to qualified researchers and mental health professionals.

In addition to the strengths of the SDQ, there are several weaknesses to be noted. The SDQ has reported low internal consistency for the parent and self-report *Conduct problems* subscale along with the self-report *Peer problems* subscale (Goodman, 2001). Regarding the population on which the SDQ cut-scores have been developed, there have been limited studies conducted with the United States population. The current cut-scores were developed on a sample from the United Kingdom, which may have limited generalizability to children and adolescents from other countries. Additionally, many of the published studies on the psychometric properties of the SDQ have limited sample sizes and are only generalizable to students in the United Kingdom (Goodman, 2001).

Administration Steps:

For administration of the Parent or Teacher 4-10 and 11-17 year old forms, parents and teachers are asked to select their responses on the basis of the child or adolescent's behavior over the previous six months or the current school year. For administration of the Self-Report 11-17 year old form, the student is asked to select their response on the basis of how things have been for them over the previous six months. Parents, teachers, and students are asked to respond to a Likert scale with the following responses: *Not True*, *Somewhat True*, and *Certainly True* for all twenty-five items.

For the follow-up version of the SDQ, informants are asked to select their responses on the basis of the child or adolescent's behavior over the previous month.

Materials:

For the paper version, the materials needed are a paper copy of the questionnaire and

a writing utensil. If approval for a licensed electronic web-based program version of the questionnaire is authorized by YouthInMind, access to the Internet will be required to complete the questionnaire.

Data coding/sorting/presenting process:

The SDQ can be scored online for free at <http://www.sdqscore.org/Amber>.

Instructions for hand-scoring are available at <http://www.sdqinfo.org/py/sdqinfo/co.py>.

It is of note that several items must be reverse-scored when hand-scoring the SDQ.

There is also scoring syntax for scoring in statistical software programs such as SPSS, SAS, Stata, and R available online at <http://www.sdqinfo.org/py/sdqinfo/co.py>.

Each subscale is scored from 0 to 10. The total difficulty score ranges from 0-40 and is calculated by adding the emotional, conduct, hyperactivity, and peer problems subscales. The internalizing and externalizing subscales range from 0-20.

For general and low-risk population, it may be better to use an alternative approach in which three subscales are generated: internalizing (emotional + peer, 5 items each), externalizing (conduct + hyperactivity, 5 items each), and prosocial scale (5 items) (Goodman et al., 2010).

Analysis guidelines:

SDQ Parent completed for 4-17 year olds				
	Close to average	Slightly raised	High	Very high
Total Difficulties score	0-13	14-16	17-19	20-40
Emotional symptoms score	0-3	4	5-6	7-10
Conduct problems score	0-2	3	4-5	6-10
Hyperactivity score	0-5	6-7	8	9-10
Peer problem score	0-2	3	4	5-10
Impact Score	0	1	2	3-10
	Close to average	Slightly lowered	Low	Very low
Prosocial Behavior score	8-10	7	6	0-5

SDQ Teacher completed for 4-17 year olds				
	Close to average	Slightly raised	High	Very high
Total Difficulties score	0-11	12-15	16-18	19-40
Emotional symptoms score	0-3	4	5	6-10
Conduct problems score	0-2	3	4	5-10

Hyperactivity score	0-5	6-7	8	9-10
Peer problem score	0-2	3-4	5	6-10
Impact Score	0	1	2	3-10
	Close to average	Slightly lowered	Low	Very low
Prosocial Behavior score	6-10	5	4	0-3

SDQ Self-report completed for 11-17 year olds				
	Close to average	Slightly raised	High	Very high
Total Difficulties score	0-14	15-17	18-19	20-40
Emotional symptoms score	0-4	5	6	7-10
Conduct problems score	0-4	5	6	7-10
Hyperactivity score	0-5	6	7	8-10
Peer problem score	0-2	3	4	5-10
Impact Score	0	1	2	3-10
	Close to average	Slightly lowered	Low	Very low
Prosocial Behavior score	7-10	6	5	0-4

This four-band categorization of SDQ scores was based on a UK community sample. The *close to average* category contains 80% of the population, the *slightly raised* category contains 10% of the population, the *high* category contains 5% of the population, and the *very high* category contains 5% of the population.

Additional Resources/Suggesting for in-depth training materials:

Free downloadable forms available at : <http://www.sdqinfo.org/py/sdqinfo/bo.py>

Free online scoring: <http://www.sdqscore.org/Amber>

Additional information can be found at: <http://www.sdqinfo.org>

Contact youthinmind@gmail.com if interested in making translations or an electronic version.

References:

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