

## Edinburgh Study of Young People S2 Child Behaviour Questionnaire for Teachers

NAME: \_\_\_\_\_

I have known this child for.....months (excluding the summer break).

ID (office use): \_\_\_\_\_

	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"/>
Generally obedient, usually does what adults request.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, do you think that he/she has difficulties on one or more of the following areas:  
Emotions, concentration, behaviour or being able to get on with people? (tick one box only)

	Minor difficulties	Definite difficulties	Severe difficulties
No <input type="checkbox"/>	Yes - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for your help**