



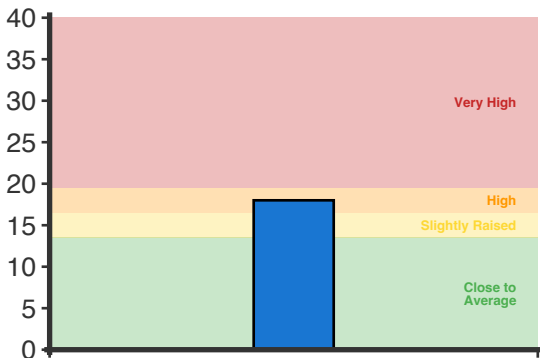
## Strengths and Difficulties Questionnaire - Parent (11-17 years old) (SDQ P11-17)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	4 Jun 2026
<i>Date of birth (age)</i>	14 Dec 2012 (13)	<i>Time taken</i>	1 min 28s
<i>Assessor</i>	Dr David Hegarty		

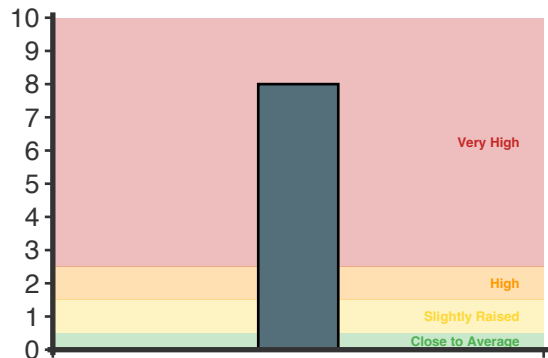
### SDQ Results

	Score	Severity Category
Total Difficulties (0-40)	18	High
Impact (0-10)	8	Very High
Emotional Symptoms (0-10)	3	Close to Average
Conduct Problems (0-10)	5	High
Hyperactivity (0-10)	3	Close to Average
Peer Problems (0-10)	7	Very High
Prosocial Behaviour (0-10)	5	Very Low

#### Total Difficulties Score

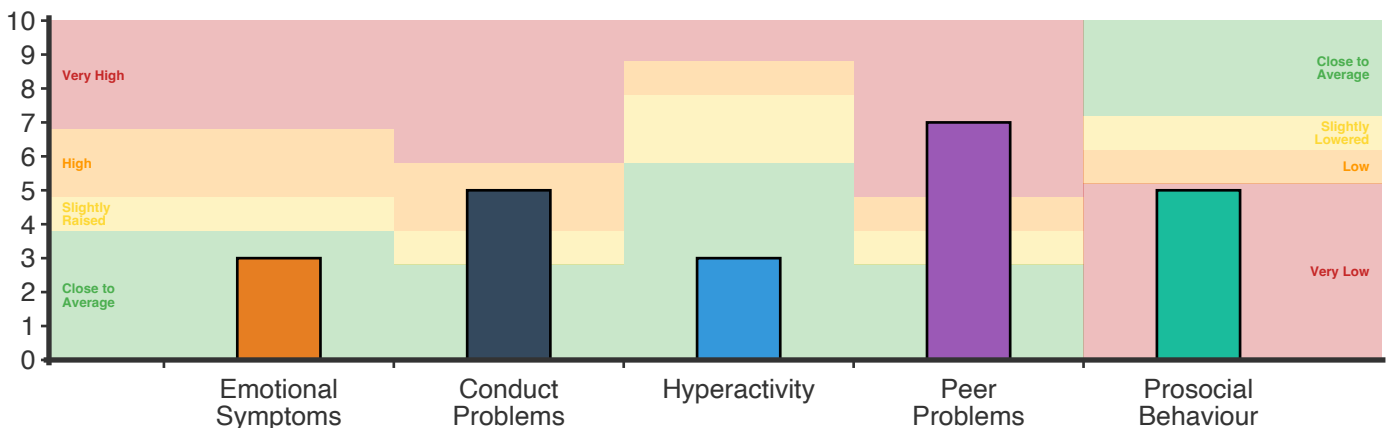


#### Impact Score



Difficulties reported to have been present for 1-5 months.

#### Subscale Scores





<b>Client Name</b>	Generic Client
--------------------	----------------

## Interpretation

The Strengths and Difficulties Questionnaire (SDQ) Parent (11-17 years old) report was administered on 04 June 2026. The young person obtained a Total Difficulties score of 18 out of a possible 40, which falls in the 'High' range. This indicates that the young person's overall level of behavioural and emotional difficulty is high compared to young people of the same age, suggesting that further assessment may be warranted. Overall, the respondent reported that the young person has 'minor' difficulties in one or more of the areas of emotions, concentration, behaviour, or getting on with other people. The respondent reported that these difficulties have been present for 1-5 months. The Impact score of 8 falls in the 'Very High' range. This indicates that the young person's difficulties are perceived as causing substantial distress and interference with everyday functioning. The level of perceived impact is in the highest range. The respondent rated the burden these difficulties place on themselves or the family as a whole as 'Not at all'.

### Difficulties

The **Peer Problems** subscale was markedly elevated at 7 out of 10 ('Very High' range), suggesting the young person is very likely to be experiencing substantial peer-related challenges, which could include spending time alone, fewer close friendships, being picked on by other young people, or being more comfortable with adults than same-age peers. The **Conduct Problems** subscale was elevated at 5 out of 10 ('High' range), suggesting the young person may be exhibiting significant behavioural difficulties, which could include frequent temper outbursts, disobedience, fighting, lying or cheating, or stealing. Given the level of elevation across multiple subscales, further assessment is recommended. The **Emotional Symptoms** and **Hyperactivity** subscales were within the 'Close to Average' range.

The highest endorsed difficulty items were:

- 3. *Often complains of headaches, stomach-aches or sickness (Certainly True)*
- 7. *Generally well behaved, usually does what adults request (R) (Not True)*
- 14. *Generally liked by other young people (R) (Not True)*

### Prosocial Behaviour

The **Prosocial Behaviour** score of 5 falls in the 'Very Low' range. This score is substantially below the typical range for young people of the same age, reflecting markedly fewer observed instances of behaviours such as being considerate, sharing, helping when others are hurt or upset, and volunteering to help. The score reflects observable behaviour rather than the young person's underlying care or connection with others, and varies across contexts. Further exploration of this area, independent of the difficulty subscales, is recommended.

Items contributing to reduced prosocial behaviour included:

- 1. *Considerate of other people's feelings (Not True)*
- 4. *Shares readily with other youth, for example food, games, pens (Somewhat True)*
- 9. *Helpful if someone is hurt, upset or feeling ill (Somewhat True)*

### Additional Comments

In response to 'Do you have any other comments or concerns?' (q. 26), the respondent wrote: "My child has great difficulties with friendships. They are having lots of fights and disagreements with friends and I think there might be some bullying going on in school too but I haven't yet confirmed this with his teacher."



<b>Client Name</b>	Generic Client
--------------------	----------------

## Scoring and Interpretation Information

For comprehensive information on the SDQ (© Robert Goodman, 2005), [see here](#).

All versions of the SDQ in NovoPsych follow the same scoring structure and produce scores at three levels: Total Difficulties score, five subscale scores, and an Impact score. A higher score indicates greater difficulty in all areas except Prosocial Behaviour, where a higher score indicates greater prosocial strength.

Each informant version is available as a Standard form (typically for initial/baseline administration; recall window: past six months or current school year) and a Follow-Up form (typically for re-administration to track change; recall window: past month).

### SDQ Total Difficulties Score & Subscales

The Total Difficulties score (20 items; range 0-40) reflects the overall level of behavioural and emotional difficulties and is the sum of the four difficulty subscales (5 items each; items marked (R) are reverse-scored):

1. Emotional Symptoms (items 3, 8, 13, 16, 24; range 0-10): subjective emotional distress
2. Conduct Problems (items 5, 7(R), 12, 18, 22; range 0-10): behavioural difficulties
3. Hyperactivity/Inattention (items 2, 10, 15, 21(R), 25(R); range 0-10): overactivity and concentration difficulties
4. Peer Problems (items 6, 11(R), 14(R), 19, 23; range 0-10): peer relationship difficulties

A fifth subscale, Prosocial Behaviour (items 1, 4, 9, 17, 20; range 0-10), assesses positive social attributes. This is a strength scale, not included as part of the Total Difficulties score, with reversed interpretation: low scores indicate fewer prosocial behaviours and high scores indicate prosocial strengths.

### SDQ Impact Score

The Impact score is calculated from the Impact Supplement, which is administered on both Standard and Follow-up versions. The Supplement begins with a gateway question asking whether the respondent perceives the child to have any difficulties in emotions, concentration, behaviour, or social functioning.

When the respondent answers "No": The Supplement is not administered, and an Impact score is not calculated. The results table shows "N/A - No difficulties reported" for the Impact row, and the interpretive narrative notes that the respondent reported no overall difficulties.

When the respondent answers "Yes": The Impact score is the sum of one distress item and multiple interference items. Each item uses a four-point response scale: Not at all (0), Only a little (1), A medium amount (2), and A great deal (3). As such, only responses indicating at least "A medium amount" of distress or interference contribute to the score.

The number of interference items and the resulting score range vary by informant version:

- Parent-report and self-report versions: four interference items (home life, friendships, classroom learning, and leisure activities) are combined with the distress item, giving a total impact score in the range 0 to 10.
- Teacher-report versions: two interference items (peer relationships and classroom learning)



<b>Client Name</b>	Generic Client
--------------------	----------------

are combined with the distress item, giving a total impact score in the range 0 to 6.

Impact Supplement Items not included in the Impact score. Two items appear in the Impact Supplement but do not contribute to the Impact score.

- Chronicity (Standard versions only): captures the duration of difficulties and is displayed as a caption beneath the Impact chart rather than contributing to the total impact score.
- Burden: captures the impact on the respondent or family/teacher and is referenced in the interpretive narrative but not in the total impact score.

#### Differences Across Versions

Wording: For the 2-4 age band, three items have different wording from the 4-17 versions: item 18 ("Often argumentative with adults" replaces "Often lies or cheats"), item 22 ("Can be spiteful to others" replaces "Steals from home, school or elsewhere"), and item 21 is softened ("Can stop and think things out before acting" replaces "Thinks things out before acting"). Scoring is otherwise identical. Separate normative banding thresholds apply to the 2-4 age band versus 4-17.

Follow-Up Versions: Follow-Up versions ask respondents to rate items over the past month rather than the past six months/school year used on the Standard versions, omit the duration (chronicity) item, and instead include two additional questions asking the respondent to rate how the child's problems have changed since first coming to the service and how helpful it has been to come to the service. The respondent's verbatim ratings on these two items are quoted in the interpretive narrative.

#### SDQ Four-Band Severity Categories

All scores are classified using the author-endorsed four-band system (see <https://www.sdqinfo.org/>):

- Close to Average indicates scores within the typical range for the general population (approximately 80% of children score in this band). No particular clinical concern is indicated.
- Slightly Raised (or Slightly Lowered for Prosocial) indicates scores that are somewhat above the population average for difficulties (approximately 10% of children). This may warrant monitoring, but does not necessarily indicate a clinical concern.
- High (or Low for Prosocial) indicates scores in a range associated with a meaningful elevation in difficulties (approximately 5% of children). Clinical follow-up is recommended.
- Very High (or Very Low for Prosocial) indicates scores in the most extreme range (approximately 5% of children). This strongly suggests significant difficulties that warrant comprehensive assessment.

#### SDQ Prosocial Behaviour Interpretation

The Prosocial Behaviour subscale requires separate interpretive attention because it operates in the opposite direction to the difficulty subscales. A high Prosocial score is positive, indicating that the child is considerate, helpful, and kind. A low Prosocial score may indicate difficulties with social engagement, cooperation, or helping behaviour, and warrants further exploration. The Prosocial subscale is not included in the Total Difficulties score, so a child can have a low Total Difficulties score (few problems) but still have a Prosocial score that warrants attention.



**Client Name** | Generic Client

### SDQ Impact Score Interpretation

The Impact score contextualises the symptom scores by indicating whether identified difficulties are causing functional impairment. For example, a child may score in the High or Very High range on one or more difficulty subscales but have a Close to Average Impact score, suggesting that the difficulties are present but not yet causing significant distress or interference.

Conversely, a Slightly Raised symptom profile with a High Impact score may indicate that even moderate difficulties are having a disproportionate effect on the child's functioning. The Impact score should be interpreted alongside the symptom subscales rather than in isolation.

### Open-Response Question

All 14 versions of the SDQ include an optional free-text item (Q26) that asks "Do you have any other comments or concerns?" This item provides the respondent with a place to add qualifying information, describe difficulties that the rating-based items did not capture, or raise concerns that the clinician may wish to explore in follow-up discussion. It is non-required and is not part of any scored scale. It does not contribute to Total Difficulties, the Impact score, any of the five subscales, or to the four-band categorisation. When the respondent enters text, the response is presented within the interpretive text and is reproduced verbatim in an "Open-Ended Text Response" section at the end of the Client Responses section of the report. The free-text response is presented for clinical context only.

### SDQ Graphs

**First administration.** On a first administration for a given informant, the report displays a Total Difficulties bar chart alongside an Impact bar chart (side by side), each with background shading indicating the four-band boundaries. When the gateway question is answered "No", the Impact Supplement is not administered, and only the Total Difficulties chart is shown. A "Subscale Scores" bar chart then displays all five subscale scores on a single chart, with the four difficulty subscales using the standard four-band shading and the Prosocial subscale using reversed band shading on the same chart, reflecting its distinct interpretive role as a strength rather than a difficulty. This layout enables clinicians to compare the relative contribution of each domain at a glance. On Standard versions, a caption beneath the Impact chart notes how long the difficulties have reportedly been present.

**Repeat administration.** When more than one administration exists for the informant whose report is being generated (regardless of whether it is a Standard or Follow-Up version), multi-administration line plots replace the first-administration bar charts: a Total Difficulties line plot alongside an Impact line plot (side by side), a Prosocial Behaviour line plot, and a 2x2 grid of the four difficulty subscale line plots on a subsequent page. All plots display raw scores across time points with the four-band severity threshold shading in the background, enabling clinicians to track change trajectories.

Standard and Follow-up administrations from the same informant are displayed as a single time series over time. This combines the initial administration (recall: past six months/school year) with subsequent follow-up administrations (recall: past month) on a single plot. Raw score comparisons remain valid per Goodman scoring conventions, but the recall window difference between Standard and Follow-up administrations should be considered when interpreting change.

Band changes (for example, a subscale moving from High to Slightly Raised) and band stability



<b>Client Name</b>	Generic Client
--------------------	----------------

across administrations (for example, "remains in the Close to Average range") are noted in the interpretive text. For the Impact plot, administrations at which the respondent answered "No" to the gateway question are marked with an x to distinguish them from administrations at which a measured Impact score of zero was recorded.

Change descriptions in the interpretive narrative are referenced to two anchors at the Total Difficulties and Impact level: (i) the immediately prior administration, to support short-term clinical decision-making, and (ii) the first administration (baseline), to convey cumulative change. Both comparisons are presented when more than two administrations exist. Subscale-level change descriptions (Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Problems, Prosocial Behaviour) reference the immediately prior administration only.

Age band transitions. When a client has moved between the 2-4 and 4-17 age bands (e.g., the child is age 4 at an initial administration but then turns 5 years old upon a subsequent administration), a dashed vertical transition line marks the administration at which the age band changed, and a caption above the plots explains the convention. Raw score comparisons across administrations remain valid, but band labels are interpreted against each administration's own age-specific thresholds. When there are more than 20 administrations, each plot is split into two halves (newer half first) so that individual data points remain legible.

Cross-informant reporting. Combining multiple informants' perspectives improves screening accuracy and surfaces context-specific differences in the child's presentation (Goodman et al., 2004), and is a core clinical use case for the SDQ. When the same client has been assessed by more than one informant (for example, by both a parent and a teacher), the report displays the current informant's results first (results table, charts, interpretive narrative, and client responses), then appends one supplementary section for each additional informant at the end of the report. A single administration by a supplementary informant is rendered as a stand-alone results table on its own page; multiple administrations are rendered as plots of results over time (Total, Impact, Prosocial, and the four difficulty subscales). Each supplementary section is evaluated against that informant's own normative thresholds.

Follow-up Supplement. On Follow-up versions, the respondent's ratings of change in the child's problems since first coming to the service ("Much better" to "Much worse") and how helpful coming to the service has been ("A great deal" to "Not at all") are quoted in the interpretive narrative and listed under the Follow-Up Supplement in the client responses section at the end of the report. These ratings are categorical single-item responses rather than scored scales, so they are not shown in the results table or the charts.

## Client Responses

{The following section has been removed from the NovoPsych website for copyright reasons}