

## SADQ

Please indicate how often \_\_\_\_\_ has shown the following behaviours:

1. Does he/she wake early in the morning?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

2. Does he/she have weeping spells?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

3. Does he/she have restless disturbed nights?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

4. Does he/she initiate activities?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

5. Does he/she avoid eye contact when you talk to him/her?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

6. Does he/she burst into tears?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

7. Does he/she smile when you talk to him/her?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

8. Does he/she complain of aches and pains?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

9. Does he/she refuse to eat meals?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

10. Does he/she get angry?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

11. Does he/she refuse to participate in social activities?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

12. Does he/she laugh at a joke?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

13. Is he/she restless and fidgety?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

14. Does he/she sit without doing anything?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

15. Does he/she concentrate on activities?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

16. Does he/she take care of his/her appearance?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

17. Does he/she seem to enjoy social activities or outings?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

18. Does he/she keep him/herself occupied during the day?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

19. Does he/she take sleeping tablets?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

20. Does he/she take an interest in events round him/her?

*Often*                      *Sometimes*                      *Rarely*                      *Never*

21. Does he/she look at you when you approach him/her?

*Often*                      *Sometimes*                      *Rarely*                      *Never*