

Supplementary Material 1: Case Report Form (CRF) for data about children

CRF completed by teachers

Supporting Teachers And childRen in Schools

Child Questionnaire



Instructions

Thank you for your support with the STARS study. On the following pages we will ask you some questions about the child detailed below who is in your class and you are currently teaching.

Please read all sections of this questionnaire carefully and answer all the questions. All information you give us will be kept **COMPLETELY CONFIDENTIAL** and used for this study only.

If you have any queries, please call the STARS team on 01392 726596 or email: STARS@exeter.ac.uk.

Thank you very much

Child's Name: _____ Male / Female

Date of Birth: ____ / ____ / ____

School Name: _____

Teacher's name: _____ Class: _____

1. Strengths and Difficulties Questionnaire

Instructions

Please complete all questions on the following page about how the child has been in the **last six months**. There are no right or wrong answers, and just go with the answer that seems closest to how you feel about how the child is.

For each item please mark the box, **Not True**, **Somewhat True** or **Certainly True**. It would help us if you answered all items as best you can even if you are not absolutely certain, or the item seems daft! Please give your answers on the basis of the child's behaviour over the **last six months or this school year**.

	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"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<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"/>
Rather solitary, tends to play alone	<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"/>
Many worries, often seems worried	<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"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<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, has the child had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No

Yes-
minor difficulties

Yes-
definite difficulties

Yes-
severe difficulties

If you have answered **No**, please continue to the next page.

If you have answered '**Yes**', please answer the following questions about these difficulties.

How long have these problems been present?

Less
than a
month

1-5 months

6-12 months

Over a year

Do the difficulties upset or distress the child?

Not
at all

Only a
little

Quite
A lot

A great
deal

Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite A lot	A great deal
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties put a burden on you or the class as a whole?

Not
at all

Only a
little

Quite
A lot

A great
deal

2. Pupil Behaviour Questionnaire

Instructions

Please complete all questions about how the child has been in **since the beginning of term**. Please answer the questions by placing a cross in the box that best describes how often the child displays each of the following behaviours.

There are no right or wrong answers, and just go with the answer that seems closest to the child's behaviour.

	Never	Occasionally	Frequently
Talking out of turn (e.g. by making remarks, calling out, chattering)			
Interrupting other pupils (e.g. by distracting them from work)			
Making unnecessary (non-verbal) noise (e.g. by scraping chairs, banging objects)			
Verbal abuse towards other pupils (e.g. offensive or insulting remarks)			
Physical aggression towards other pupils (e.g. by pushing, punching, striking)			
Cheeky or rude remarks to the teacher			

3. Pupil attainment

Instructions

Please put in the most recently recorded Pupil Tracker results (APP/National Curriculum point) for this pupil. We understand that you may not be using these levels anymore but an estimate will be fine since we only use this information for STARS. If you have any queries about this, please contact Bryony (B.Longdon@exeter.ac.uk or 01392 726596).

	Point/Level	
Literacy		
Literacy date recorded		
Numeracy		
Numeracy date recorded		
On a scale of 1 (cannot read yet) to 5 (can read very well), to what extent is the child able to read? Please tick appropriate answer.	1 – Cannot read yet	
	2 – Can read a little	
	3 – Can read moderately well	
	4 – Can read well	
	5 - Can read very well	

Thank you very much for completing this questionnaire

Please return your completed questionnaire to the SCHOOL OFFICE using the envelope provided.

CRF completed by parents



Supporting Teachers And children in Schools

QUESTIONNAIRE TO BE COMPLETED BY PARENT/ CARER

INSTRUCTIONS

Please complete all the sections about you and your child included in this booklet. All responses will remain **COMPLETELY CONFIDENTIAL** and used for this study only. Nothing you say will be relayed back to your child's school. There are no right or wrong answers, and you may leave out any questions you do not wish to answer.

If you have any queries or need any assistance, please contact us using the information on page 12. Once you have completed the questionnaire, please return it to the school office in the envelope provided. This questionnaire should take no longer than **30 minutes** to complete. When we receive your completed questionnaire, **we will send you a £5 High Street voucher to thank you for your participation.**

Thank you very much

Contact Information

Your Name:

Your Address:

Postcode:

Contact Number:

_____ (mobile) / _____ (home)

Email Address:

This questionnaire is about:

About your child and your family

We are asking for details about your family and education to gain more information about family backgrounds. We are doing this as it is important for us to know that we have families from all backgrounds in our study.

Child's full name: _____

Child's date of birth: / / (dd/mm/yyyy)

Child's gender: Male / Female

(please circle)

Name of child's school: _____

Name of class teacher: _____

Your relationship to your child: _____

(eg.mother)

1. **Who lives at home with the family?**

(please include the child in the study, yourself and anyone else who lives in the family home)

Name	Relationship to child in the study (e.g. Mother, Father)	Age

2. What best describes your current housing situation?

(please tick)

Rented

Privately owned
(including mortgage)

Other (please specify)

.....

3. To which of the following groups do you feel *you* belong?

(please circle)

ASIAN	BLACK	WHITE	MIXED	OTHER
British Bangladeshi Chinese Indian Pakistani Other <i>please describe</i>	British African Caribbean Other <i>please describe</i>	British Other <i>please describe</i>	<i>Please describe</i>	<i>Please describe</i>

4. To which of the groups above do you consider *your child* belongs?

5. What is the *main* language spoken by your household?

6. Do you have any of the following educational qualifications?

(please tick as many as necessary)

- No qualifications
- CSEs/GCSE (D-F/1-5 Grades)
- 'O'Levels/GCSE (A*-C Grades)
- A Levels (BTEC Nationals, NVQ L3)
- HNCs and HNDs (BTEC Professional Diplomas, NVQ L5)
- Degree and above (BTEC Advanced Professional Diplomas, Postgraduate Qualifications)
- Other Qualifications (*please specify below*)

7. **Is your child eligible for free schools meals?** Yes No Don't know
(please circle)

8. **Does your child have a Statement of Special Educational Needs (SEN)?** Yes No Don't know

8i. **Does your child have any additional Learning Support assistance (One to One support) in the classroom?** Yes No Don't know

If **No**, please go to **Question 9**.

If **Yes**, please answer the following:

8ii. **How many hours per week does your child receive support?** hours/week

It would be very helpful for us to know about how often families use different services. We would like to know about any health or social services your child has used in the **last six months**.

You may not have used any services listed in this questionnaire but it would still be very helpful for us to know this, so please tick 'No' where relevant. We understand that you may not remember the exact number of appointments or times, but please give your best guess.

Yes No

9. In the last 6 months, has your child had any overnight stays in hospital? (please tick)

If No, please go to Question 10.

If Yes, please answer the following:

9i. How many times has your child been admitted to hospital in the last 6 months?

Number of times

9ii. How many nights did your child spend in hospital in total in the last 6 months?

Number of nights

Yes No

10. In the last 6 months, has your child had any appointments in hospital during the day (out-patient or day-patient hospital appointments)? (please tick)

If No, please go to Question 11.

If Yes, please answer the following:

10i. How many appointments in the last 6 months?

Number of appointments

Yes No

11. In the last 6 months, has your child been to an Accident and Emergency (A&E) or Casualty department? (please tick)

If No, please go to Question 12.

If Yes, please answer the following:

11i. How many times in the last 6 months?

Number of times

Yes No

12. In the last 6 months, have you, your family and/or your child had any appointments in relation to your child's mental health and well-being that did not take place in a hospital? For example, any contacts in the community with CAMHS (Child and Adolescent Mental Health Service) or with a Family Support Worker? (please tick)

If No, please go to Question 13.

If Yes, please answer the following:

12i. How many appointments in the last 6 months?

Number of appointments

13. In the last 6 months, has your child had any appointments in your Doctor's (GP) surgery with any health professional not already mentioned (for example, with a GP, nurse or health visitor)?

Yes No

(please tick)

If No, please go to Question 14.

If Yes, please answer the following:

13i. How many appointments in the last 6 months?

Number of appointments

14. In the last 6 months, has your child taken any of the following medication? (please tick)

Yes No

Methylphenidate (also known as Ritalin, Concerta XL, Equasym XL, medikinet XL)

Dexamfetamine (also known as Dexedrine)

Atomoxetine (also known as Strattera)

Yes No

15. In the last 6 months, has your child spent any time in Local Authority foster care, respite care or residential care?

If No, please go to Question 16.

If Yes, please answer the following:

15i. How many days has your child spent in foster care, respite care or residential care in the last 6 months?

Number of days

Yes No

16. In the last 6 months, have you had to take time off work due to any behavioural difficulties of your child or any worries about your child?

(please tick)

If No, please go to Question 17.

If Yes, please answer the following:

16i. How many days have you taken off work for this reason in the last 6 months?

Number of days

Yes No

17. In the last 6 months have you given up work or not taken a job, due to any behavioural difficulties of your child or any worries of your child? *(please tick)*

For each item please mark the box, **Not True**, **Somewhat True** or **Certainly True**. Please answer all the items as best you can even if you are not absolutely certain, or even if the item does not seem to fit you very well. Please give your answers on the basis of your child's behaviour over the **last 6 months**.

	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"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<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"/>
Rather solitary, tends to play alone	<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"/>
Many worries, often seems worried	<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"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<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"/>

19. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **No**, please go to **Question 20**.

If **Yes**, please answer the following questions about these difficulties:

19i. How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over A year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19ii. Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19iii: Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leisure activities

20. On a scale of 1 (cannot read yet) to 6 (reads very well), to what extent is your child able to read?

Cannot read yet

Can read a little

Reads very well

1

2

3

4

5

6

21. On a scale of 1 (very unsatisfactory) to 6 (very satisfactory) how would you rate your relationship with your child's class teacher?

Very Unsatisfactory

Satisfactory

Very satisfactory

1

2

3

4

5

6

22. On a scale of 1 (does not like at all) to 6 (really likes) how much do you think that your child likes their class teacher?

Does not like at all

Quite likes

Really likes

1

2

3

4

5

6

We will select families at random to take part in additional study activities. Please indicate if you would be willing to take part in any of the activities listed below.

Interview about health service use

Talking to you on two occasions about the services your child uses. We will give participants a **£10 High Street voucher** for each interview you take part in.

Yes

No

A focus group interview

Talking to you and other parents (in a group of ten parents) about what you think about behaviour in your child's school.

We would like to keep in contact with you and your family for the duration of the study. As well as your contact details, it would be useful to have the details of two family members or friends who will always be able to contact you. This is just in case you move away or change your telephone number.

Contact Details of Family Members/Friends

Contact 1

Name		Relationship to you	
Address			
Postcode			
Telephone		Mobile	
Email			

Contact 2

Name		Relationship to you	
Address			
Postcode			
Telephone		Mobile	
Email			

All of your answers will remain strictly confidential, and we will not inform your child's school about your views.

Please turn over for contact information

If you have any worries about your child www.youthinmind.com provides lots of information about children's well-being with links to websites, books and places to seek help.

If you have any questions or concerns about the content of this questionnaire, please do not hesitate to contact either:

Tamsin Ford

Professor of Child and Adolescent Psychiatry

Tel: 01392 722973

Email: T.J.Ford@exeter.ac.uk

Rachel Hayes

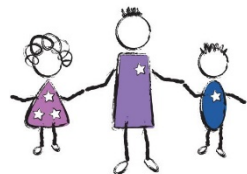
Trial Manager

Tel: 01392 722978

Email: R.A.Hayes@exeter.ac.uk

Thank you for completing this questionnaire.

Please return it to the school office AS SOON AS POSSIBLE in the envelope provided. You will receive a £5 High Street Voucher upon the completion of this questionnaire to thank you for your time.



STARS

Supporting Teachers And childRen in Schools

University of Exeter Medical School, Room 2.05, South Cloisters, St Luke's Campus

Exeter, EX1 2LU Email:

stars@exeter.ac.uk






















www.exeter.ac.uk/stars

CRF completed by children

Name.....

How I feel about my school

Please put a circle around the face that shows how you feel

	Happy	OK	Sad
On my way to school I feel ...			
When I am in the classroom I feel ...			
When I am doing my work I feel ...			
When I am in the playground I feel ...			
When I think about the other children at school I feel ...			
When I think about my teacher I feel ...			
When I think about school I feel ...			

Thank you very much for doing this

