APPENDIX 16B:

CLINICAL STUDY CHARACTERISTICS TABLES (CASE IDENTIFICATION)

Abbreviations

C	carer
CBCL	Child Behavior Checklist
DAWBA	Development and Well-Being Assessment
DSM (-III, -IV, -TR)	*Diagnostic and Statistical Manual of Mental Disorders* (3rd edition, 4th Edition, text revision)
ECBI	Eyberg Child Behaviour Inventory
ICD-10	*International Classification of Diseases*, 10th Revision
NA	not applicable
NPV	negative predictive value
ODD	oppositional defiant disorder
P	parent
PPV	positive predictive value
S	self-report (child)
SD	standard deviation
SDQ	Strengths and Difficulties Questionnaire
T	teacher

INCLUDED STUDIES

GOODMAN2000A

Bibliographic reference	Goodman R, Ford T, Simmons H, Gatward R, Meltzer H. Using the SDQ to screen for child psychiatric disorders in a community sample. The British Journal of Psychiatry. 2000;177:534-9.
Clinical features and settings	Recruitment: 1999 mental health survey of British 5- to 15-year–olds (Meltzer H, Gatward R, Goodman R, Ford T. The mental health of children and adolescents in Great Britain: summary report. London: Office for National Statistics; 2000). Children were recruited if both parent and teacher questionnaire versions were completed. Country: UK.
Participants	N = 7,984. Age (years): mean age 10.2 (SD 3.1). Sex: 49.7% female and 50.3% male. Demographic information: reported elsewhere (see Meltzer et al., 2000 – as above). Comorbidity**:** not reported.
Study design	Cross-sectional.
Target condition and reference standard(s)	Conduct disorder and ICD-10.
Index and comparator tests	Instrument: SDQ. Reference standard: ICD-10 (based in DAWBA, which is a diagnostic tool). Prevalence: 383/7,984. Sensitivity reported: 76.2%. Specificity reported: no. Other sensitivity/specificity data reported: children 5 to 10 years = higher sensitivity value with two informers: P/T = 73.5%, P = 36.0%, T = 47.9%. Children 11 to 15 years: P/T/S = 79.7%, P/T = 77.3%, P/S = 44.8%, T/S = 61.6%, P = 40.1%, T = 55.8%, S = 14.5%.
Follow-up	No.
Notes	Other measures of validity or reliability: no. SDQ calculated with algorithm combining information on symptoms and impact completed by different informants.

Assessment of methodological quality

Item	Authors' judgement	Support for judgement
Representative spectrum?	Yes	Sample taken from a population of more than 10,000 survey respondents.
Acceptable reference standard?	Yes	ICD-10.
Acceptable delay between tests?	Unclear	
Partial verification avoided?	Yes	
Differential verification avoided?	Yes	
Incorporation avoided?	Yes	
Reference standard results blinded?	Yes	
Index test results blinded?	Unclear	This is likely, because predictions were done with a computerised algorithm.
Relevant clinical information?	Unclear	
Uninterpretable results reported?	Unclear	Not reported.
Withdrawals explained?	Yes	Excluded those respondents who did not have both teacher and parent versions of the SDQ completed.

GOODMAN2000B

Bibliographic reference	Goodman R, Renfrew D, Mullick M. Predicting type of psychiatric disorder from SDQ scores in child mental health clinics in London and Dhaka. European Child and Adolescent Psychiatry. 2000;9(Suppl. 2):129-34.
Clinical features and settings	Recruitment: Consecutive sample of new referrals to mental health clinic in outer London for whom the SDQ was completed by both parents and teachers. Country: UK.
Participants	N = 101. Age (years): mean 10.3 (SD 3.2, range 4 to 16). Sex: 79% male. Demographic information: not reported. Comorbidity: not reported.
Study design	Cross-sectional.
Target condition and reference standard(s)	Conduct problems, ICD-10.
Index and comparator tests	Instrument: SDQ. Reference standard: ICD-10. Prevalence: 48/101. Sensitivity reported: 0.89. Specificity reported: 0.47. Other sensitivity/specificity data reported: No.
Follow-up	No.
Notes	Other measures of validity or reliability: No.

Assessment of methodological quality

Item	Authors' judgement	Support for judgement
Representative spectrum?	Unclear	Secondary care, medium sample.
Acceptable reference standard?	Yes	ICD-10.
Acceptable delay between tests?	Unclear	
Partial verification avoided?	Yes	
Differential verification avoided?	Unclear	
Incorporation avoided?	Unclear	
Reference standard results blinded?	Unclear	
Index test results blinded?	Unclear	Not reported.
Relevant clinical information?	Unclear	Not reported.
Uninterpretable results reported?	No	
Withdrawals explained?	Unclear	

GOODMAN2001

Bibliographic reference	Goodman R. Psychometric properties of the Strengths and Difficulties Questionnaire. Journal of the American Academy of Child and Adolescent Psychiatry. 2001;40(Suppl. 11):1337-45.
Clinical features and settings	Recruitment: 1999 mental health survey of British 5- to 15-year-olds (see Meltzer et al., 2000, in GOODMAN2000A). Country: UK.
Participants	N = 9,998 parents; 7,313 teachers; 3,983 children. Age (years): not reported. Sex: not reported. Demographic information: not reported. Comorbidity: not reported.
Study design	Cross-sectional.
Target condition and reference standard(s)	Conduct problems.
Index and comparator tests	Instrument: SDQ. Reference standard: DSM-IV Prevalence: parent reports 466/9,998; teachers reports 321/7313; child reports 198/3983. Sensitivity reported: parent reports: 68% (NPV 98%, PPV 26%); teacher reports: 62% (NPV 98%, PPV 38%); child report: 29% (NPV 97%, PPV 19%). Specificity reported: parent report: 91%; teacher report: 95%; child report: 96%. Other sensitivity/specificity data reported: no.
Follow-up	Yes.
Notes	Reports comparison between CBCL (conduct disorder measure longer than 5 minutes) and SDQ. Other measures of validity or reliability: internal consistency, test retest stability, factor analysis for three forms including cross-scale correlation between different subscales and inter-rater correlations.

Assessment of methodological quality

Item	Authors' judgement	Support for judgement
Representative spectrum?	Yes	Large survey.
Acceptable reference standard?	Yes	ICD-10, but based on DAWBA which is a diagnostic tool.
Acceptable delay between tests?	Unclear	
Partial verification avoided?	Yes	
Differential verification avoided?	Yes	
Incorporation avoided?	Yes	
Reference standard results blinded?	Yes	
Index test results blinded?	Unclear	
Relevant clinical information?	Unclear	
Uninterpretable results reported?	Unclear	
Withdrawals explained?	Yes	

GOOODMAN2004

Bibliographic reference	Goodman R, Ford T, Corbin T, Meltzer H. Using the SDQ multi-informant algorithm to screen looked-after children for psychiatric disorders. European Child and Adolescent Psychiatry. 2004;13(Suppl. 2):II25-II31.
Clinical features and settings	Recruitment: 2001–2002 Office for National Statistics mental health survey of British looked-after children age 5-17 years old. Country: UK.
Participants	N = 1,028; subgroup: n = 539 with all three reports completed. Age (years): mean 12.5 (SD 3.5); subgroup mean 11.3 (SD 3.4). Sex: 57.4% male; subgroup: 54.4% male. Demographic information: 17% were in residential care; subgroup: 9.5% in residential care. Comorbidity: not reported.
Study design	Cross-sectional.
Target condition and reference standard(s)	Conduct problems with ICD-10.
Index and comparator tests	Instrument: SDQ. Reference standard: ICD-10 based on DAWBA. Prevalence: 189/1,028. Sensitivity reported: 166/1,028 multi-informant sensitivity = 87.8%. Age 5 to 10 years: C/T = 84.9%, C = 54.8%, T = 65.6%; 11-17 years: C/T/S = 90.6%, C/T = 89.6%, CS = 65.6%, T/S = 68.8%, C = 60.4%,T = 64.6%, S = 15.6%. Specificity reported: No. Other sensitivity/specificity data reported: specificity of subsample = 80% (PPV = 74.2%, NPV = 88.7%).
Follow-up	No.
Notes	Other measures of validity or reliability: no.

Assessment of methodology quality

Item	Authors' judgement	Support for judgement
Representative spectrum?	Yes	Large sample taken from general population.
Acceptable reference standard?	Yes	ICD-10
Acceptable delay between tests?	Unclear	
Partial verification avoided?	Unclear	
Differential verification avoided?	Unclear	
Incorporation avoided?	Unclear	
Reference standard results blinded?	Unclear	
Index test results blinded?	Unclear	
Relevant clinical information?	Unclear	
Uninterpretable results reported?	Unclear	
Withdrawals explained?	Yes	

MATHAI2004

Bibliographic reference	Mathai J, Anderson P, Bourne A. Comparing psychiatric diagnoses generated by the Strengths and Difficulties Questionnaire with diagnoses made by clinicians. Australian and New Zealand Journal of Psychiatry. 2004;38(Suppl. 8):639-43.
Clinical features and settings	Recruitment: consecutive sample of new 4- to 15-year-olds who had been referred to child and adolescent mental health services. Country: Australia
Participants	N = 130. Age (years): mean 9.3 (SD 2.9). Sex: 63% male. Demographic Information: not reported. Comorbidity: not reported.
Study design	Cross-sectional.
Target condition and reference standard(s)	Conduct problems.
Index and comparator tests	Instrument: SDQ. Reference standard: DSM-IV. Prevalence: 119/130. Sensitivity reported: 93%. Specificity reported: no. Other sensitivity/specificity data reported: no.
Follow-up	No.
Notes	Other measures of validity or reliability: Kendall Tau-b, level of agreement between SDQ and diagnoses.

Assessment of methodology quality

Item	Authors' judgement	Support for judgement
Representative spectrum?	Unclear	
Acceptable reference standard?	Yes	DSM-IV.
Acceptable delay between tests?	Unclear	
Partial verification avoided?	Yes	
Differential verification avoided?	Yes	
Incorporation avoided?	Unclear	
Reference standard results blinded?	Unclear	
Index test results blinded?	Unclear	
Relevant clinical information?	Unclear	
Uninterpretable results reported?	No	
Withdrawals explained?	Yes	Uncompleted questionnaires.

RICH2001

Bibliographic reference	Rich BA, Eyberg SM. Accuracy of assessment: the discriminative and predictive power of the Eyberg Child Behavior Inventory. Ambulatory Child Health. 2001;7(Suppl. 3-4):249-57.
Clinical features and settings	Recruitment: Archival data from mothers of preschool age children, Disruptive behaviour sample of mothers of children who had been referred to a university psychology clinic for treatment of behavioural problems and had met diagnostic criteria for ODD. The non diagnosed sample was drawn computer matched from a sample of non referred children from paediatric clinics in North Central Florida. Country: US.
Participants	N = 196 mothers of 3- to 6-year-old children (98 with conduct disorder and 98 without that diagnosis). Age (years): mean 4.38 (SD 1.01). Sex: 80% male. Demographic information: 79% white, African American 15%, Hispanic 4%, other 2%, predominantly in the lowest three socioeconomic groups. Comorbidity: 70% of children with behavioural problems (n = 98) also had attention deficit hyperactivity disorder and 29% met criteria for conduct disorder.
Study design	Cross-sectional.
Target condition and reference standard(s)	Conduct disorders and ODD.
Index and comparator tests	Instrument: ECBI. Reference standard: DSM-III. Prevalence: 98/196. Sensitivity reported: 0.96. Specificity reported: 0.87. Other sensitivity/specificity data reported: false positive = 0.004, false negative = 0.13, PPV = 0.88, NPV = 0.96.
Follow-up	No.
Notes	Other measures of validity or reliability: no.

Assessment of methodology quality

Item	Authors' judgement	Support for judgement
Representative spectrum?	Yes	
Acceptable reference standard?	Yes	DSM-III.
Acceptable delay between tests?	Unclear	
Partial verification avoided?	Unclear	
Differential verification avoided?	Unclear	
Incorporation avoided?	Unclear	
Reference standard results blinded?	Unclear	
Index test results blinded?	Unclear	
Relevant clinical information?	Unclear	
Uninterpretable results reported?	Unclear	
Withdrawals explained?	Unclear	

WEIS2005

Bibliographic reference	Weis R, Lovejoy MC, Lundahl BW. Factor structure and discriminative validity of the Eyberg Child Behavior Inventory with young children. Journal of Psychopathology and Behavioral Assessment. 2005;27(Suppl. 4):269-78.
Clinical features and settings	Recruitment: archival data from studies of stress, affect and parenting in families with young children: mother and grandmothers of children aged 4 to 16 years. Country: US.
Participants	N = 115 carers of children. Age (years): carers mean 31.06 (SD 6.51), range 18 to 55 years; children mean range, 21% = 2, 26% = 3, 30% = 4, 18% = 5, 5% = 6 (2 to 6) years. Sex: 53% male (children). Demographic information: mothers and grandmothers: 86% white, 10% African American, 2% Hispanic, 1% Asian, 1% other; mothers: 72% married, 18% single, 10% divorced at the time, education: 2% completed grade school only, 64% finished high school or earned a GED (tests of general educational development, equivalent to UK General Certificate of Secondary Education), 28% college degree, 6% graduate or professional degree. Comorbidity: not reported.
Study design	Cross-sectional.
Target condition and reference standard(s)	Conduct disorder and ODD.
Index and comparator tests	Instrument: ECBI. Reference standard: DSM-IV-TR criteria. Prevalence: NR Sensitivity reported: 0.75. Specificity reported: 0.94. Other sensitivity/specificity data reported: PPV = 0.63, NPV = 0.94.
Follow-up	No.
Notes	Other measures of validity or reliability: incremental validity of the components of the ECBI.

Assessment of methodology quality

Item	Authors' judgement	Support for judgement
Representative spectrum?	No	Opportunistic sample.
Acceptable reference standard?	Yes	Disruptive Behavioural Disorders Rating Scale, which is based on the DSM-IV-TR.
Acceptable delay between tests?	Unclear	
Partial verification avoided?	Unclear	
Differential verification avoided?	Unclear	
Incorporation avoided?	Unclear	
Reference standard results blinded?	Unclear	
Index test results blinded?	Unclear	
Relevant clinical information?	Yes	
Uninterpretable results reported?	Unclear	

EXCLUDED STUDIES

Reference	Reason for exclusion
Achenbach TM, Becker A, Dopfner M, et al. Multicultural assessment of child and adolescent psychopathology with ASEBA and SDQ instruments: research findings, applications, and future directions. Journal of Child Psychology and Psychiatry and Allied Disciplines. 2008;49:251-75.	Did not report sensitivity or specificity data
Ahn J, Park S, Shin J. A clinical usefulness of Korean version of strengths and difficulties questionnaire (SDQ-Kr). European Neuropsychopharmacology Conference: 23rd European College of Neuropsychopharmacology, ECNP Congress Amsterdam Netherlands Conference Start. 2010;20.	Instrument had been translated to a language other than English
Anselmi L, Fleitlich-Bilyk B, Menezes AM, et al. Prevalence of psychiatric disorders in a Brazilian birth cohort of 11-year-olds. Social Psychiatry and Psychiatric Epidemiology. 2010;45:135-42.	Instrument had been translated to a language other than English
Bagner DM, Eyberg SM. Father involvement in parent training: when does it matter? Journal of Clinical Child and Adolescent Psychology. 2003;32:599-605.	Did not report sensitivity or specificity data
Bagner DM, Fernandez MA, Eyberg SM. Parent-child interaction therapy and chronic illness: A case study. Journal of Clinical Psychology in Medical Settings. 2004;11:1-6.	Did not report sensitivity or specificity data
Becker A, Woerner W, Hasselhorn M, Banaschewski T, Rothenberger A. Validation of the parent and teacher SDQ in a clinical sample. European Child and Adolescent Psychiatry. 2004;13 (Suppl. 2):11–6.	Did not report sensitivity or specificity data
Bessmer JL. The Dyadic Parent-Child Interaction Coding System II (DPICS II): Reliability and validity. Dissertation Abstracts International: Section B: The Sciences and Engineering. 1998;58:3961.	Did not report sensitivity or specificity data
Bettge S, Ravens-Sieberer U, Wietzker A, et al. [Methodological coomparison between the Child Behavior Checklist and the Strengths and Difficulties Questionnaires]. Gesundheitswesen. 2002;64 (Suppl. 1):S119-24.	Instrument had been translated to a language other than English
Birkas E, Lakatos K, Toth I, et al. Screening childhood behavior problems using short questionnaires I: the Hungarian version of the Strengths and Difficulties Questionnaire. [Hungarian]. Psychiatria Hungarica. 2008;23:358-65.	Instrument had been translated to a language other than English
Burns G, Patterson DR. Conduct problem behaviors in a stratified random sample of children and adolescents: New standardization data on the Eyberg Child Behavior Inventory. Psychological Assessment: A Journal of Consulting and Clinical Psychology. 1990;2:391-97.	Did not report sensitivity or specificity data
Burns G, Patterson DR. Factor structure of the Eyberg Child Behavior Inventory: unidimensional or multidimensional measure of disruptive behavior? Journal of Clinical Child Psychology. 1991;20:439-44.	Did not report sensitivity or specificity data

Burns G, Walsh JA, Owen SM. Twelve-month stability of disruptive classroom behavior as measured by the Sutter-Eyeberg Student Behavior Inventory. Journal of Clinical Child Psychology. 1995;24:453-62.	Did not report sensitivity or specificity data
Calam R, Gregg L, Goodman R. Psychological adjustment and asthma in children and adolescents: the UK nationwide mental health survey. Psychosomatic Medicine. 2005;67:105-10.	Did not assess conduct disorder
Calam R, Gregg L, Simpson B, Morris J, Woodcock A, Custovic A. Childhood asthma, behavior problems, and family functioning. Journal of Allergy and Clinical Immunology. 2003;112:499-504.	Did not report sensitivity or specificity data
Caraveo YAJJ. Brief screening and diagnostic questionnaire for mental health problems in children and adolescents: algorithms for syndromes and their prevalence in Mexico City. [Spanish]. Salud Mental. 2007;30:48-55.	Did not report sensitivity or specificity data
Caraveo-Anduaga JJ. Validity of the Brief Screening and Diagnostic Questionnaire (CBTD) for children and adolescents in clinical settings. [Spanish]. Salud Mental. 2007;30:42-49.	Instrument had been translated to a language other than English
Costin J, Chambers SM. Parent management training as a treatment for children with oppositional defiant disorder referred to a mental health clinic. Clinical Child Psychology and Psychiatry. 2007;12:511-24.	Did not report sensitivity or specificity data
de Wilde EJ, van de Looij P, Goldschmeding J, et al. Self-report of suicidal thoughts and behavior vs. school nurse evaluations in Dutch high-school students. Crisis. 2011;32:121-27.	Instrument had been translated to a language other than English
Dolly SM. The relation of temperament type to behavior problems of preschool children. Dissertation Abstracts International Section A: Humanities and Social Sciences. 1999;60:1449.	Did not report sensitivity or specificity data
Dretzke J, Frew E, Davenport C, et al. The effectiveness and cost-effectiveness of parent training/education programmes for the treatment of conduct disorder, including oppositional defiant disorder, in children. Health Technology Assessment (Winchester, England). 2005;9:iii, ix-x, 1-233.	Did not report sensitivity or specificity data
Drugli MB, Larsson B. When young children have conduct problems – who are the nonresponders after parent training? European Psychiatry Conference: 17th European Psychiatric Association, EPA Congress Lisbon Portugal Conference Start. 1042;24.	Did not report sensitivity or specificity data
Drugli MB, Larsson B. Children aged 4-8 years treated with parent training and child therapy because of conduct problems: Generalisation effects to day-care and school settings. European Child and Adolescent Psychiatry. 2006;15:392-99.	Did not report sensitivity or specificity data
Edwards RT, Ceilleachair A, Bywater T, et al. Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis. BMJ. 2007;334.	Did not report sensitivity or specificity data
Emond SR. School readiness and delayed entry: The effect of parent training on perceived school readiness. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2009;69:7853.	Did not report sensitivity or specificity data

Erhart M, Wetzel RM, Krugel A, et al. Effects of phone versus mail survey methods on the measurement of health-related quality of life and emotional and behavioural problems in adolescents. BMC Public Health. 2009;9:491.	Did not report sensitivity or specificity data
Fernandez de Pinedo R, Gorostiza Garay E, Lafuente Mesanza P, et al. Spanish version of ECBI (Eyberg Child Behavior Inventory): measurement of validity. [Spanish]. Atencion primaria / Sociedad Espanola de Medicina de Familia y Comunitaria. 1998;21:65-74.	Instrument had been translated to a language other than English
Flapper BC, Bos AC, Jansen DE. Mental health problems in pre-school children with specific language impairment: use of the Strengths and Difficulties Questionnaire. Journal of Neurology Conference: 21st Meeting of the European Neurological Society Lisbon Portugal Conference Start. 2011;258.	Did not assess conduct disorder
Foote RC. The Dyadic Parent-Child Interaction Coding System II (DPICS II): reliability and validity with father-child dyads. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2000;60:4886.	Did not report sensitivity or specificity data
Ford T, Hutchings J, Bywater T, et al. Strengths and Difficulties Questionnaire added value scores: evaluating effectiveness in child mental health interventions. British Journal of Psychiatry. 2009;194:552-58.	Did not report sensitivity or specificity data
Friman PC, Handwerk ML, Swearer SM, et al. Do children with primary nocturnal enuresis have clinically significant behavior problems? Archives of Pediatrics and Adolescent Medicine. 1998;152:537-39.	Did not report sensitivity or specificity data
Gallart SC, Matthey S. The effectiveness of Group Triple P and the impact of the four telephone contacts. Behaviour Change. 2005;22:71-80.	Did not report sensitivity or specificity data
Gau SSF, Lin CH, Hu FC, et al. Psychometric properties of the Chinese version of the Swanson, Nolan, and Pelham, version IV scale-teacher form. Journal of Pediatric Psychology. 2009;34:850-61.	Instrument had been translated to a language other than English
Glascoe FP. Parents' evaluation of developmental status: how well do parents' concerns identify children with behavioral and emotional problems? Clinical Pediatrics. 2003;42:133-38.	Did not report sensitivity or specificity data
Goodman A, Fleitlich-Bilyk B, Patel V, et al. Child, family, school and community risk factors for poor mental health in Brazilian schoolchildren. Journal of the American Academy of Child and Adolescent Psychiatry. 2007;46:448-56.	Instrument had been translated to a language other than English
Goodman A, Goodman R. Strengths and difficulties questionnaire as a dimensional measure of child mental health. Journal of the American Academy of Child and Adolescent Psychiatry. 2009;48:400-03.	Did not report sensitivity or specificity data
Goodman R, Iervolino AC, Collishaw S, Pickles A, et al. Seemingly minor changes to a questionnaire can make a big difference to mean scores: a cautionary tale. Social Psychiatry and Psychiatric Epidemiology. 2007;42:322-27.	Did not report sensitivity or specificity data

Goodman R, Meltzer H, Bailey V. The strengths and difficulties questionnaire: a pilot study on the validity of the self-report version. European Child and Adolescent Psychiatry. 1998;7:125-30.	Did not report sensitivity or specificity data
Harwood MD. Early identification and intervention for disruptive behavior in primary care: a randomized controlled trial. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2007;67:4105.	Did not report sensitivity or specificity data
Hayes L. Problem behaviours in early primary school children: Australian normative data using the Strengths and Difficulties Questionnaire. Australian and New Zealand Journal of Psychiatry. 2007;41:231-38.	Did not report sensitivity or specificity data
Heiervang E, Goodman A, Goodman R. The Nordic advantage in child mental health: separating health differences from reporting style in a cross-cultural comparison of psychopathology. Journal of Child Psychology and Psychiatry and Allied Disciplines. 2008;49:678-85.	Instrument had been translated to a language other than English
Heiervang E, Stormark KM, Lundervold AJ, et al. Psychiatric disorders in Norwegian 8- to 10-year-olds: an epidemiological survey of prevalence, risk factors, and service use. Journal of the American Academy of Child and Adolescent Psychiatry. 2007;46:438-47.	Instrument had been translated to a language other than English
Hintermair M. Socio-emotional problems among hearing-impaired children – initial results of the German version of the Strengths and Difficulties Questionnaire (SDQ-D). [German]. Zeitschrift fur Kinder und Jugendpsychiatrie und Psychotherapie. 2006;34:49-61.	Instrument had been translated to a language other than English
Hiscox SP. Training parents of developmentally disabled children in behavior management: a comparative treatment outcome study. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2000;60:4889.	Did not report sensitivity or specificity data
Holtmann M, Becker A, Banaschewski T, et al. Psychometric validity of the strengths and difficulties questionnaire-dysregulation profile. Psychopathology. 2011;44:53-59.	Did not assess conduct disorder
Hutchings J, Gardner F, Bywater T, et al. Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial. BMJ. 2007;334.	Did not report sensitivity or specificity data
Hysing M, Elgen I, Gillberg C, et al. Chronic physical illness and mental health in children. Results from a large-scale population study. Journal of Child Psychology and Psychiatry and Allied Disciplines. 2007;48:785-92.	Did not assess conduct disorder
Indredavik MS, Vik T, Heyerdahl S, et al. Psychiatric symptoms in low birth weight adolescents, assessed by screening questionnaires. European Child and Adolescent Psychiatry, Supplement. 2005;14:226-36.	Did not assess conduct disorder
Kashala E, Elgen I, Sommerfelt K, et al. Teacher ratings of mental health among school children in Kinshasa, Democratic Republic of Congo. European Child and Adolescent Psychiatry. 2005;14(Suppl.):208-15.	Instrument had been translated to a language other than English

Kashala E, Lundervold A, Sommerfelt K, et al. Co-existing symptoms and risk factors among African school children with hyperactivity-inattention symptoms in Kinshasa, Congo. European Child and Adolescent Psychiatry. 2006;15:292-99.	Instrument had been translated to a language other than English
Koniak-Griffin D, Verzemnieks I. Relationship between patterns of infant temperament, child behavior ratings, and interactions during toddlerhood. Journal of Child and Adolescent Psychiatric Nursing. 1994;7:26-37.	Did not report sensitivity or specificity data
Lai KY, Luk ES, Leung PW, et al. Validation of the Chinese version of the strengths and difficulties questionnaire in Hong Kong. Social Psychiatry and Psychiatric Epidemiology. 1179;45:1179-86.	Instrument had been translated to a language other than English
Lakatos K, Birkas E, Toth I, et al. [Screening childhood behavior problems using short questionnaires II: the Hungarian version of the SWAN-scale (Strength and Weakness of ADHD-symptoms and Normal-behavior) for screening attention deficit/hyperactivity disorder]. [Hungarian]. Psychiatria Hungarica. 2010;25:493-502.	Instrument had been translated to a language other than English
Lavigne JV, Lebailly SA, Gouze KR, et al. Treating oppositional defiant disorder in primary care: a comparison of three models. Journal of Pediatric Psychology. 2008;33:449-61.	Did not report sensitivity or specificity data
Mack P, Trew K. Young child behaviour: the views of mothers and fathers. The Irish Journal of Psychology. 1992;13:341-49.	Did not report sensitivity or specificity data
Marzocchi GM, Capron C, Di Pietro M, et al. The use of the Strengths and Difficulties Questionnaire (SDQ) in Southern European countries. European Child and Adolescent Psychiatry, Supplement. 2004;13.	Instrument had been translated to a language other than English
Mazur J, Tabak I, Kololo H. Towards a better assessment of child and adolescent mental health status. Polish version of strengths and difficulties questionnaire. Experiences from two population studies. [Polish]. Medycyna Wieku Rozwojowego. 2007;11:13-24.	Instrument had been translated to a language other than English
McGain B, McKinzey RK. The efficacy of group treatment in sexually abused girls. Child Abuse and Neglect. 1157;19:1157-69.	Did not report sensitivity or specificity data
McLennan J. Behavioural family therapy reduced disruptive behaviour in children at risk for developing conduct problems. Evidence Based Mental Health. 2001;4:14 May.	Did not report sensitivity or specificity data
Moran P, Rowe R, Flach C, et al. Predictive value of callous-unemotional traits in a large community sample. Journal of the American Academy of Child and Adolescent Psychiatry. 2009;48:1079-84.	Did not assess conduct disorder
Mullick MSI, Goodman R. Questionnaire screening for mental health problems in Bangladeshi children: a preliminary study. Social Psychiatry and Psychiatric Epidemiology. 2001;36:94-99.	Instrument had been translated to a language other than English
Muris P, Meesters C, Van den Berg F. The Strengths and Difficulties Questionnaire (SDQ) further evidence for its reliability and validity in a community sample of Dutch children and adolescents. European Child and Adolescent Psychiatry. 2003;12:1-8.	Instrument had been translated to a language other than English

Nitkowski D, Petermann F, Buttner P, et al. Behaviour therapy and child welfare – results of an approach to improve mental health care of aggressive children. [German]. Zeitschrift fur Kinder und Jugendpsychiatrie und Psychotherapie. 2009;37:461-68.	Instrument had been translated to a language other than English
O'Brien KA. Training methods for the child directed interaction (CDI) in parent-child interaction therapy (pcit) and parenting skill acquisition. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2011;71:5139.	Did not report sensitivity or specificity data
Pade H. A long-term follow-up study of a parent-child interaction and temperament based program for preschoolers with behavior problems (California). Dissertation Abstracts International: Section B: The Sciences and Engineering. 2004;65:2644.	Did not report sensitivity or specificity data
Parkes J, White-Koning M, Dickinson HO, et al. Psychological problems in children with cerebral palsy: a cross-sectional European study. Journal of Child Psychology and Psychiatry and Allied Disciplines. 2008;49:405-13.	Did not assess conduct disorder
Patterson J, Barlow J, Mockford C, et al. Improving mental health through parenting programmes: block randomised controlled trial. Archives of Disease in Childhood. 2002;87:472-77.	Did not report sensitivity or specificity data
Percy A, McCrystal P, Higgins K. Confirmatory factor analysis of the Adolescent Self-Report Strengths and Difficulties Questionnaire. European Journal of Psychological Assessment. 2008;24:43-48.	Did not report sensitivity or specificity data
Petermann U, Nitkowski D, Polchow D, et al. Long-term effects of a cognitive-behavioral therapy program with aggressive children. Kindheit und Entwicklung. 2007;16:143-51.	Instrument had been translated to a language other than English
Phelan R, Lee L, Howe D, et al. Parenting and mental illness: a pilot group programme for parents. Australasian Psychiatry. 2006;14:399-402.	Did not report sensitivity or specificity data
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