

NAME:

DATE

DOB: _____ PROMIS Parent Proxy Item Bank v2.0 – Depressive Symptoms – Short Form 6a

Parent Proxy Depressive Symptoms – Short Form 6a

Please respond to each question or statement by marking one box per row.

In the past 7 days...

		Never	Almost Never	Sometimes	Often	Almost Always
Pf2depr7r	My child could not stop feeling sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf1depr7r	My child felt everything in his/her life went wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf1depr5r	My child felt like he/she couldn't do anything right	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2depr10r	My child felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2depr3r	My child felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2depr6r	It was hard for my child to have fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5