Parent Proxy Depressive Symptoms

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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1depr7r	My child felt everything in his/her life went wrong	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1depr5r	My child felt like he/she couldn't do anything right	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr10r	My child felt lonely	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr3r	My child felt sad.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr11r	My child felt unhappy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1depr8r	It was hard for my child to do school work because he/she felt sad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr6r	It was hard for my child to have fun	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1depr4r	My child felt alone	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr1r	My child felt too sad to eat.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	In the past 7 days...	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf2depr8r	My child felt stressed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr2r	My child didn't care about anything.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1depr1r	My child wanted to be by himself/herself.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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