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	☐ 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
Pf2depr6r	It was hard for my child to have fun	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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