Parent Proxy Peer Relationships – Short Form 7a

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**
Pf3socabil9r	My child felt accepted by other kids his/her age	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4socabil12r	My child was able to count on his/her friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3socabil4r	My child was good at making friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2socrole4r	My child and his/her friends helped each other out	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1socabil2r	Other kids wanted to be my child's friend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3socrole4r	Other kids wanted to be with my child	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2socabil9r	Other kids wanted to talk to my child	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

© 2010-2016 PROMIS Health Organization and PROMIS Cooperative Group