Sadness (Ages 3-7) Parent Report – Fixed Form

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

	Please indicate how often or true the behavior is of your child…	**Never or not true**	**Sometimes or somewhat true**	**Often or very true**
PedProxDep02	Feels worthless or inferior	☐ 0	☐ 1	☐ 2
PedProxDep03	Is unhappy, sad or depressed	☐ 0	☐ 1	☐ 2
PedProxDep04	Is underactive, slow-moving, or lacks energy	☐ 0	☐ 1	☐ 2
PedProxDep05	Cries a lot.....	☐ 0	☐ 1	☐ 2
PedProxDep06	Seems lonely.....	☐ 0	☐ 1	☐ 2
PedProxDep07	Doesn't smile or laugh much	☐ 0	☐ 1	☐ 2
PedProxDep13	Withdraws from peer activities.....	☐ 0	☐ 1	☐ 2

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