Perceived Rejection (Ages 8-17) – Fixed Form

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

In the past month, please describe how often people in your life…

		Never	Rarely	Sometimes	Usually	Always
SOC276	Act like my problems aren't that important	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC279	Act like they don't have time for me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC281	Act like they don't care about me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC283	Put me down.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC287	Make me feel like I don't fit in	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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