# Perceived Rejection (Ages 18+) – 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** |
|---|---|---|---|---|---|---|
| SOC275 | Don't listen when I ask for help..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| SOC276 | Act like my problems aren't that important ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| SOC277 | Let me down when I am counting on them..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| SOC279 | Act like they don't have time for me ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| SOC280 | Act like they don't want to hear about my problems ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| SOC281 | Act like they don't care about me..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| SOC282 | Act like they can't be bothered by me or my problems ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| SOC286 | Avoid talking to me..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |


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