Sadness (Ages 8-12) Parent Report – Item Bank/Fixed Form

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

Please indicate how much your child has felt or acted this way in the past 2 weeks. How true is this statement?

		Not true	Sometimes true	True
PedProxDep14	My child felt miserable or unhappy.....	☐ 0	☐ 1	☐ 2
PedProxDep15	My child didn't enjoy anything at all.....	☐ 0	☐ 1	☐ 2
PedProxDep18	My child felt s/he was no good anymore.....	☐ 0	☐ 1	☐ 2
PedProxDep19	My child cried a lot.....	☐ 0	☐ 1	☐ 2
PedProxDep20	My child found it hard to think properly or concentrate.....	☐ 0	☐ 1	☐ 2
PedProxDep21	My child hated him/herself.....	☐ 0	☐ 1	☐ 2
PedProxDep22	My child felt s/he was a bad person	☐ 0	☐ 1	☐ 2
PedProxDep23	My child felt lonely	☐ 0	☐ 1	☐ 2
PedProxDep24	My child thought nobody really loved him/her.....	☐ 0	☐ 1	☐ 2
PedProxDep25	My child thought s/he could never be as good as the other kids	☐ 0	☐ 1	☐ 2
PedProxDep26	My child felt s/he did everything wrong	☐ 0	☐ 1	☐ 2

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