

## Depressive Symptoms – Short Form 6

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

<b>In the past 7 days...</b>		<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
P12depr7	My child could not stop feeling sad .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
P11depr7	My child felt everything in his/her life went wrong .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
P11depr5	My child felt like he/she couldn't do anything right .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
P12depr10	My child felt lonely .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
P12depr3	My child felt sad.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
P12depr5	My child thought that his/her life was bad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4