

Child's Name: _____ **Age:** _____ **Sex:** Male Female **Date:** _____

What is your relationship with the child receiving care?

Instructions to parent/guardian: You've indicated that during the past 2 weeks your child receiving care has been bothered by "not finding interest or pleasure in doing things" and/or "seeming down, depressed, or hopeless" at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by selecting one circle per row.

<i>In the past SEVEN (7) days, my child said he/she...</i>	1 Never	2 Almost Never	3 Sometimes	4 Often	5 Almost Always	Clinician Use Item Score
1. Could not stop feeling sad.						
2. Felt alone.						
3. Felt like he/she couldn't do anything right.						
4. Felt lonely.						
5. Felt sad.						
6. Felt unhappy.						
7. Thought that his/her life was bad.						
8. Didn't care about anything.						
9. Felt stressed.						
10. Felt too sad to eat.						
11. Wanted to be by himself/herself.						
Total / Partial Raw Score						
Prorated Total Raw Score						
T-Score						