

PROMIS – D Short Form

PARENT VERSION

Child’s Name: _____ Child’s Date of Birth: _____

Name of person completing form: _____ Today’s Date: _____

Instructions: Please respond to each statement by circling one number per row.

<i>In the past 7 days...</i>		Never	Almost Never	Sometimes	Often	Almost Always
1	My child could not stop feeling sad.	1	2	3	4	5
2	My child felt everything in his/her life went wrong.	1	2	3	4	5
3	My child felt like he/she couldn’t do anything right.	1	2	3	4	5
4	My child felt lonely.	1	2	3	4	5
5	My child felt sad.	1	2	3	4	5
6	It was hard for my child to have fun.	1	2	3	4	5