

# PROMIS – D Short Form

## YOUTH VERSION

Your Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

<i>In the past 7 days...</i>	Never	Almost Never	Sometimes	Often	Almost Always
I could not stop feeling sad.	1	2	3	4	5
I felt alone.	1	2	3	4	5
I felt everything in my life went wrong.	1	2	3	4	5
I felt like I couldn't do anything right.	1	2	3	4	5
I felt lonely.	1	2	3	4	5
I felt sad.	1	2	3	4	5
I felt unhappy.	1	2	3	4	5
It was hard for me to have fun.	1	2	3	4	5