

Family Relationships - Short Form 8a

Please respond to each item by marking one box per row.

In the past 4 weeks...

		Never	Rarely	Sometimes	Often	Always
FAM_FB_0 74_PXR1r	My child felt he/she had a strong relationship with our family	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
FAM_FB_0 88_PXR1r	My child felt he/she was really important to our family	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
FAM_FB_0 29_PXR1r	My child felt he/she got all the help he/she needed from our family	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
FAM_FI_12 0_PXR1r	Our family and my child had fun together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
FAM_FB_0 05_PXR1r	People in our family made my child feel good about himself/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
FAM_FB_0 42_PXR1r	My child felt our family treated him/her fairly	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
FAM_FI_02 6_PXR1r	We (parents) listened to our child	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
FAM_FI_03 4_PXR1r	Our family paid a lot of attention to my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4