

## Pediatric 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 74R1r	I felt I had a strong relationship with my family .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
FAM_FB_0 88R1r	I felt really important to my family .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
FAM_FB_0 29R1r	I got all the help I needed from my family..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
FAM_FI_12 0R1r	My family and I had fun together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
FAM_FB_0 05R1r	People in my family made me feel good about myself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
FAM_FB_0 42R1r	My family treated me fairly .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
FAM_FI_02 6R1r	My parents listened to me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
FAM_FI_03 4R1r	My family paid a lot of attention to me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5