

PSI-4 SF Instructions:

On the inside of this form, write your name, gender, date of birth, ethnic group, and marital status; today's date; and your child's name, gender, and date of birth. This questionnaire contains 36 statements.

Read each statement carefully. For each statement, please focus on the child you are most concerned about and circle the response that best represents your opinion. **Answer all questions about the same child.**

Circle **SA** if you strongly agree with the statement.

Circle **A** if you agree with the statement.

Circle **NS** if you are not sure.

Circle **D** if you disagree with the statement

Circle **SD** if you strongly disagree with the statement.

For example, if you sometimes enjoy going to the movies, you would circle A in the response to the following statement:

I enjoy going to the movies. SA **(A)** NS D SD

While you may not find a response that exactly states your feelings, please circle the response that comes closest to describing how you feel. **Your first reaction to each question should be your answer.**

Circle only one response for each statement, and respond to all statements. **Do not erase!** If you need to change an answer, mark an "X" through the incorrect answer and circle the correct response. For example:

I enjoy going to the movies. SA A NS ~~(D)~~ **(SD)**

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