Flourish Caregiver

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Change Parent-Adolescent Relationship Scale



INSTRUCTIONS:

Please complete the form below. Required questions are in bold. When all required questions are complete click SAVE or, if available, SAVE NEXT. Based on your responses, additional questions may be required or some answers may need to be corrected.

Please read each statement below and rate from 0 (Not At All True) to 5 (Nearly Always or Always True) how true the

too much time on any statement.		
1. Ma	ternal visit:	
B142-040991026-1 3002M.0		
2. Rep	port Date:	
Date:	2024-05-13	Today ∰
Time:	15:02:53	Now ②
If report	ting today, use today's date/time, otherwise use the date/time this information was reported.	
3. We	eat meals together:	
O 0	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
4. We	spend time together doing activities we each like:	
O 0	1 ○ 2 ○ 3 ○ 4 ○ 5	
5. We	go to family events together:	
0 0	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
6. I en	courage my child/adolescent to get support from me or others:	
O 0	○ 1 ○ 2 ● 3 ○ 4 ○ 5	
7. I sh	now affection to my child/adolescent (e.g., hugs,kisses, smiling, arm aro	ound shoulder:
O 0	○ 1 ○ 2 ● 3 ○ 4 ○ 5	

8. I comfort my child/adolescent when he/she is upset:

Audit (Show)

Hostility:

3.4

2.8333333333333335