

**APPENDIX 'F'**

**PRE-ADOLESCENT DEPENDENCY SCALE**

Name \_\_\_\_\_ School \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_

Pre-Adolescent Dependency Scale (PADS-Form A)

Below are given some statements. Some of these are true in your case and some are not. Read each statement carefully and indicate whether you do whatever is stated mostly, or sometimes, or rarely. Indicate your answer by tickmark (✓) in any of three spaces provided against each statement.

	Mostly	Some- times	Rarely
	_____	_____	_____
1. I blindly follow everything the teacher tells me.	_____	_____	_____
2. I cannot do anything without the permission of my parents.	_____	_____	_____
3. I have got full self-confidence.	_____	_____	_____
4. My parents take care of things for me.	_____	_____	_____
5. I do everything by myself without any dictation from others.	_____	_____	_____
6. I do whatever I like.	_____	_____	_____
7. I alone face the situation in case there is a quarrel and don't prefer help from others.	_____	_____	_____
8. I am easily persuaded by others.	_____	_____	_____
9. I don't accept anything blindly.	_____	_____	_____
10. It is alright if I do anything along with others otherwise it is not possible for me to do anything independently.	_____	_____	_____