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**RELIABILITY AND VALIDITY OF THE POSITIVITY
SCALE FOR LATE CHILDHOOD IN SPANISH
POPULATION**

**Dissertation for the Integrated Master's Degree with a specialization in
Education, Development and Counseling, supervised by Professor Joaquim
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Título da dissertação: Confiabilidade e Validade da Escala de Positividade Para a Infância Tardia na População Espanhola

Positividade (POS) é definida como a tendência de ver si mesmo, a vida e o futuro com uma perspectiva positiva. Pode ser medido com a Escala de Positividade de 8 itens (escala P), que possui propriedades psicométricas apropriadas em adultos (Caprara et al., 2012; Heikamp et al., 2014) e, mais recentemente, em crianças britânicas (Zuffianò, Lopez-Perez, Cirimele, Kvapilova, Caprara, 2019). Dada a importância do POS como um fator chave do desenvolvimento protetor, objetivamos estudar as propriedades psicométricas da escala P em crianças espanholas. 208 crianças (102 meninas, 106 meninos, Mago = 10,31) responderam à escala P e ao Questionário de Pontos Fortes e Dificuldades (SDQ). A análise fatorial confirmatória foi usada para examinar a estrutura fatorial e indicou um bom ajuste do modelo ($\chi^2(41) = 36,207$, $p = 0,68$; CFI = 1,00; TLI = 1,01, SRMR = 0,035, RMSEA = 0,000) com cargas fatoriais variando de 0,509 para 0,738, com exceção do item 6, que apresentou menor fator de carga (0,163). O alfa de Cronbach indicou uma confiabilidade interna aceitável ($\alpha = 0,766$). Com relação à validade de construto, os resultados mostraram um efeito negativo do POS nos comportamentos externalizantes ($\beta_s = -.27$, $p < .001$) e internalizados ($\beta_s = -.28$, $p < .001$) e um efeito positivo no comportamento pró-social ($\beta_s = 0,36$, $p < .001$). A média latente das crianças foi comparada com a relatada anteriormente em adultos (Caprara et al. (2012), constatando que crianças ($M = 4,198$) relataram níveis mais altos de POS (Cohen's $d = 0,897$) em comparação com adultos ($M = 3.60$), resultado que está de acordo com pesquisas anteriores, que apontaram o viés de positividade das crianças ou sua tendência de ver a si mesmas e a vida sob uma luz mais positiva. (Harter, 2012) No geral, os resultados obtidos indicam que a escala POS possui propriedades psicométricas adequadas para ser usado com amostras de crianças.

Palavras-chave: escala de positividade, propriedades psicométricas, infância tardia, amostra espanhola

Title of dissertation: Reliability and Validity of the Positivity Scale for Late Childhood in Spanish Population

Positivity (POS) is defined as the tendency to view oneself, life and the future with a positive outlook. It has been measured with the 8-item Positivity Scale (P scale) which has been found to have appropriate psychometric properties in adults (Caprara et. al., 2012; Heikamp et. al., 2014) and most recently with British children (Zuffianò, Lopez-Perez, Cirimele, Kvapilova, Caprara, 2019). Given the importance of POS as a key protective developmental factor, we aimed to study the psychometric properties of the P scale in Spanish children. 208 children (102 girls, 106 boys, $M_{age} = 10.31$) answered the P scale and the Strengths and Difficulties Questionnaire (SDQ). Confirmatory Factor Analysis was used to examine factor structure and indicated a good model fit ($\chi^2(41) = 36.207, p = .68$; CFI = 1.00; TLI = 1.01, SRMR = 0.035, RMSEA = 0.000) with factor loadings ranging from 0.509 to 0.738, with the exception of item 6, which had a lower factor loading (0.163). Cronbach's alpha indicated an acceptable internal reliability ($\alpha = .766$). Concerning construct validity, the results showed a negative effect of POS on externalizing ($\beta_s = -.27, p < .001$) and internalizing behaviours ($\beta_s = -.28, p < .001$) and a positive effect on prosocial behaviour ($\beta_s = .36, p < .001$). Children's latent mean was compared with the one previously reported in adults (Caprara et. al.'s (2012), finding that children ($M = 4.198$) reported higher levels of POS (Cohen's $d = 0.897$) as compared to adults ($M = 3.60$). This result is in line with previous research which pointed out children's positivity bias or their tendency to see themselves and life in a more positive light (Harter, 2012). Overall, the obtained results indicate that the POS scale has adequate psychometric properties to be used with children samples.

Keywords: Positivity scale, psychometric properties, late childhood, Spanish sample

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Content

Introduction.....	1
I – Background.....	1
II – Objectives.....	8
III – Methodology	8
IV - Results	11
V - Discussion.....	13
VI - Conclusion	15
References.....	16
Annexes.....	20

Introduction

Positivity (also known as POS) has a protective function regarding a person's wellbeing and is correlated with self-esteem, life satisfaction and optimism (Caprara et al., 2012). It consists of the individual's evaluations towards themselves, life and future as positive and optimistic while increasing optimal functioning and positive outcomes (Heikamp, Alessandri, Laguna, Petrovic, Caprara & Trommsdorff, 2014). It is important to assess the cross-cultural validity of the Positivity Scale, which will be referred to as P-Scale throughout the study, yet there is not much research on it for children. The main goal of this study is to confirm the generalizability and validity of the P-Scale as a personality construct from a Spanish sample of school-aged children. This will prove that the P-Scale is applicable and equivalent in another culture, such as Spain, and can be successfully applied in Spanish in addition to English to children.

First, the theoretical framework of positivity is examined. Then, the procedures and materials used to validate the scale are described, after which the results are discussed. Here, the statistical analysis that was applied and its subsequent results are explained. Next is the discussion section, where the results are examined based on frameworks from current literature. Lastly, the goals and limitations of the study are discussed, along with some recommendations for future studies involving the psychometric properties and concurrent and factorial validity of the P-Scale.

I – Background

Positive Psychology

Positive psychology is the study of the conditions and processes that lead to optimal functioning and originated due to the focus of clinical psychology's being primarily on mental illness. (Gable & Haidt, 2005) It consists of subjective experiences (such as satisfaction, optimism and happiness), positive individual characteristics and positive institutions and communities. (Seligman, 2002) The goal of positive psychology is to strengthen protective factors and resilience as well as increase positive experiences and relationships. Developing techniques that promote positivity has shown to be an effective form of therapy and prevention plan (e.g. building optimism prevents depression) in different contexts (e.g. schools and workplaces) (Gable & Haidt, 2005)

Positivity

There has been an increased interest in the characteristics that lead to optimal functioning. Several authors note that individual differences, such as the tendency to approach life with a positive outlook, are necessary to deal with difficult life events and transitions (Alessandri, Kupfer, Steca, Caprara, Fukuzawa, & Abela, 2012) These positive attitudes affects behavior due to the expectations a person has of their own actions (e.g. a person will strive to succeed even if progress is slow as long as they believe that success is possible, whereas a person who believes the outcome to be impossible will withdraw and disengage from the task) and is a stable aspect of personality that increases resiliency. These individuals have a more realistic and positive sense of self (Wolin & Wolin, 1993) and more positive expectations for their future. (Scheier & Carver, 1991) In general, positivity is an adaptive process that greatly benefits quality of life and allows individuals to face challenges and focus on the positive aspects of life. Positive orientation, or POS, was first conceptualized by Caprara et. al. (2009) and is a protective factor against mental illness, indicative of optimal functioning and associated with good physical health, high hedonic balance and good interpersonal relationships (Caprara et al., 2010) The more people can positively manage their emotions and relationships, the more positive they believe themselves, life and future to be. (Caprara & Steca, 2006; Steca et. al., 2009)

POS is a latent construct of life satisfaction, self-esteem and optimism. Life satisfaction is the individual's general and positive evaluation of their life (Alessandri et. al., 2010) and is associated with higher levels of physical health, positive coping skills (Shiota, 2006) and a greater internal locus of control (Yeung & Chow, 2000). Self-esteem is the level of personal regard and acceptance an individual has for themselves (Harter, 1993). Higher levels of self-esteem reduces the risk for anxiety and depression and increases physical and mental health (Baumaister, 1993). People with high self-esteem are more self-confident and have a higher sense of control over their life and can achieve their goals more efficiently and less likely to give up when confronted with obstacles. Optimism is the individual's attitude to the future and whether they believe that good things will happen more often than bad (Scheier & Carver, 1992). Optimists tend to deal with stress better, achieve behavioral milestones, recover faster, have better coping skills, deal with adversity better and take more direct action as well as accepting the reality of the situation they're in. They can grow from adversity and are more likely to engage in coping skills rather than avoidance and recognize that positive outcomes are contingent on their effort (Scheier & Carver, 1991). People that are not optimistic about their future are more likely to avoid their adversities and distract themselves rather than solve their problems.

The protective function of POS can be seen in its relationship with secure interpersonal attachment styles. By increasing POS, dysfunctional interpersonal relationships can begin to change. Negative attachment styles, such as anxious and avoidant, are negatively associated with the three major constructs (i.e. self-esteem, life satisfaction and optimism) and avoidance is slowly reduced over time (Foster, Kernis, & Goldman, 2007; Hinnen, Sanderman, & Sprangers, 2009; Heinonen et. al., 2014). POS is also negatively associated with emotional instability, negative affect and depression and strongly associated with positive affect. POS can also predict positive job performance and a positively perceived school climate. (Alessandri et al. 2015) There are also significantly positive associations between POS and basic personality traits such as beliefs, resilience and trust and negative associations with POS and depression, shyness, irritability, violence, somatic complains and loneliness (Tian et al. 2018).

Positive affect

Affect is a general term that refers to moods or emotions that are usually of short duration and associated with specific stimulus (Rego, Sousa, Marques, & Cunha, 2012). Alessandri, Zuffianò, Fabes, Vecchione & Martin (2013) studied the relationship between POS and positive affect and found that the positive states of an individual had a significant effect on their positive affect and also increased its likelihood. They also found that POS influences positive affect, not vice versa, with positive affect depending greatly on POS. These effects were small, but an accumulation of them could lead to meaningful differences over a prolonged period of time. Their results support previous theoretical views (e.g. Taylor & Brown, 1988) that by promoting POS, self-beliefs, better health and well-being increases. It also supports the premise that diminished positive attitude towards self and life is typically seen in mildly depressed individuals and that positive self-beliefs have productive effects while preserving psychological health, leading to emotional adjustment and well-being (Beck 1967; Lewinsohn et al., 1981).

Positive affect also has an influence on creative outlets and problem solving (Greene & Noice, 1988) and increases meaning in life, thus making individuals more creative and motivated. Optimism is also related to creativity based on the individual's positivity ratio (i.e. the ratio between positive and negative affective states) (Rego et al., 2012). It is why individuals continuously work for their goals and cope with difficulties. Negative affect has an adaptive function that causes the individual to work harder and persevere in problem solving by overcoming obstacles through

creative solutions (Filipowicz, 2006; George & Zhou, 2002; Martin et al., 1993). It focuses on the threatening aspect of the situation by narrowing their attention while positive affect promotes new and creative ways to deal with the threat. Creativity depends not only on how frequently they experience positive affect, but the amount of positive affect with the negative ones. Negative emotions are appropriate and useful, and without it the individual can lose touch with reality, become overconfident or develop unrealistic optimism. However, as long as there isn't an excessive amount, positive affect must outnumber negative experiences. There is a positive impact from negative affect, and the balance between the two is necessary for the individual to flourish. It is not the absence of negative affect, but the ability to regulate emotions that is important. A study by Rydell, Berlin, and Bohlin (2003) found that a low regulation of positive emotions was correlated with problematic behaviors and low levels of pro-social behavior and that a high regulation of positive emotions was highly correlated with pro-social behaviors.

Developmental aspects

POS is the positive outlook a person has of themselves, life and future and has both trait (i.e. genetic predisposition) and state (i.e. influenced by the environment) tendencies. The response styles of affective states need to be addressed because although these trait-like states start in late childhood, they are not fully stabilized before early to mid-adolescence (Bitjttebier, Raes, Vasey, & Feldman, 2012). In a study by Bitjttebier et. al. (2012), mood regulation and the role positive responses has in the development of emotional disorders was researched. They found that responses to positive affect such as dampening (i.e. cognitive responses that counter positive affect) and positive rumination, (which is either emotion focused, i.e. focused on the experiences that accompany positive affect, or self-focused, i.e. focused on the cognitive and goal oriented aspects of positive affect) has implications in the development of depressive and hypomanic symptoms in children and draw attention for clinicians to focus on how young people respond to positive affect.

Knowing the way positivity is influenced, such as the different contexts and environments, can also help us understand the process. Shared environment, more specifically parenting, is vital for the development of positive affect and empathy (Volbrecht, Lemery-Chalfant, Aksan, & Goldsmith, 2007). In a study by Volbrecht et al., the authors found that parent's positive expressivity (i.e. positive attitudes and sensitivity) was associated with infant children's

dispositional sympathy, and that responsive mothers tend to have children with higher levels of attention and lower personal distress. The authors also found a covariation between positive affect and prosocial behavior due to parental socialization efforts and parental warmth. Positive affect is also related to greater empathy and has no gender differences. Overall, environmental factors play a significant role in positive temperament (Volbrecht, Lemery-Chalfant, Aksan, & Goldsmith, 2007). POS is also known to be involved in an individual's personal and social adjustment in emerging adulthood and as a stable and enduring characteristic that can slowly be changed by the environment (Caprara & Tisak, 2012). In late adolescence, positive affect varies slightly due to environmental pressures for a more valued social role. However, there were no changes from 16-20 years of age, indicating the same developmental trajectories for different groups of people. POS was also able to predict positive and negative affectivity, quality of interpersonal relationships and psychological resilience across time and accounted for a considerable amount of trait variance in each of these constructs. In sum, Caprara and Tisak (2012) believed that POS is a dispositional cause that promotes positive and negative affectivity, ego resiliency (i.e. the ability to cope with the environment) and quality of interpersonal relationships. In regard to gender differences, males scored higher than females (Caprara & Tisak, 2012). Viewing POS as a trait does not mean that it cannot be changed because POS can be enhanced by personal beliefs. A cross cultural validation study about POS can also allow us to understand whether individual's subjective well-being is more of a trait or state based on sociodemographic factors. Previous research has also suggested that the P-Scale remains stable from adolescence throughout adulthood (Caprara et al., 2012b).

Cross cultural validation of the P-Scale in previous studies

In a study by Heikamp et al. (2014) about the cross-cultural invariance and construct validity of the P-Scale across Italy, Germany, Spain, Poland and Serbia, there were no significant differences between mean scores in males and females and evidence of configural, metric and scalar invariance across cultures (i.e. POS had the same meaning to participants from different countries and they all answered in a similar way) was found, thus implying that the P-Scale is a valid and reliable measure to test for POS as a predisposing factor in an individual's optimal functioning throughout different cultural settings. The study also showed significant association between POS and well-being and confirmed its convergent validity through its positive correlations of the P-Scale with self-esteem, life satisfaction, optimism and latent factor score of

POS and had significant negative correlations with depression (Heikamp, et. al., 2014). However, the authors do note some complications regarding the cultural differences in how individuals view themselves, life and future. The stability of POS across the lifespan of individuals in different cultures should be further investigated, as the quality of life is lower, and the risk of depression is higher in less affluent countries and can influence the individual's evaluation of POS (Heikamp et. al., 2014)

In another study that looked at the psychometric properties of the Brazilian version of the P-Scale by Borsa, Damásio, de Souza, Koller and Caprara (2013), the study was also able to provide empirical evidence of construct validity and reliability as well as no significant differences in socio-demographic variables, thus indicating that positivity is more related to personality traits rather than sociodemographic variables. A study by Tian et al. (2018) was also able to support the hypothesized unidimensional model of the P-Scale with a Chinese population.

Positivity Scale

The *Positivity Scale*, also known as *P-Scale*, was created by Caprara & Alessandri et al. (2013) based on the premise that there is a link between self-esteem, life satisfaction and optimism. These constructs influence a person's feelings, cognitions and actions, are co-related with each other and affect a person's psychological and physical well-being. The authors identified a common latent factor called positivity, also known as POS, that is the prevalent manner of viewing and facing reality that affects the ways people evaluate their subjective experiences (Alessandri et al., 2013; Caprara et al., 2010). The authors were able to prove, through five studies, including cross cultural and longitudinal studies, that POS is a common latent factor across cultures (Heikamp Alessandri, Laguna, Petrovic, Caprara, Trommsdorff, 2014) and remains relatively stable throughout the lifespan (Alessandri, Caprara, & Tisak, 2011) while accurately measuring and predicting depression, positive and negative affectivity and quality of relationships and health when the three major constructs (i.e. self-esteem, life satisfaction and optimism) were simultaneously used in the same model as predictors of outcome. Once the variance due to POS was controlled for, there was very little variance left for the three major constructs (Alessandri et al., 2012; Caprara et al., 2010) Caprara et al. (2009) were able to prove that POS was a basic disposition based on another study with twins, explaining that POS was a common genetic factor that affects self-esteem, life satisfaction and optimism while fulfilling major

biological functions. (Alessandri et al., 2013; Caprara et al., 2010) An individual must evaluate their life with a positive outlook in order to grow and to deal with adversity and loss, etc. (Alessandri et al., 2013; Caprara et al., 2010) The P-Scale that was developed by Caprara and colleagues is the first to directly measure POS as a basic disposition. Before, POS was indirectly measured through other instruments meant to measure self-esteem, life satisfaction and optimism. This presented some limitations, namely that POS was indirectly measured by instruments meant for other constructs and required a larger number of items than necessary in order to be assessed (Alessandri, Steca, Fukuzawa, Kupfer, Caprara, Abela, 2012).

The Development of the P-Scale

The P-Scale assesses positivity and the individual's tendency to view and address life with a positive outlook. It is a short instrument with eight items loading on a single latent factor that directly assesses POS. It addresses the way individuals view themselves, their life, future and confidence in others and is formatted with a 5-point Likert Scale ranging from 1 (strongly disagree) to 5 (strongly agree) (Alessandri, Steca, Fukuzawa, Kupfer, Caprara & Abela, 2012). Through exploratory factor analysis, the authors reduced the original set of 36 items to just 8 items. The final set of items are the following:

1. I have great faith in the future
2. I am satisfied with my life
3. Others are generally here for me when I need them
4. I look forward to the future with hope and enthusiasm
5. On the whole, I am satisfied with myself
6. At times, the future seems unclear to me
7. I feel I have many things to be proud of
8. I generally feel confident in myself

Items 5, 7 and 8 are related to the individual's regard for themselves; items 1, 4 and 6 are related to their confidence in the future; item 3 is related to their confidence in others and item 2 is related to the individual's satisfaction with their life. Only item 6 was reverse scored (Alessandri, Steca, Fukuzawa, Kupfer, Caprara & Abela, 2012).

The psychometric properties were examined by Alessandri et al. (2012) in order to evaluate and develop the scale, confirm the factor structure of the P-Scale, view the correlations in sex, age and socio-economic status of the individuals, determine the test-retest stability and the cross

cultural generality of the factorial structure as well as its external validity (Alessandri, Steca, Fukuzawa, Kupfer, Caprara, Abela, 2012). The results showed that there was unidimensionality of the scale in regard to self-esteem, life satisfaction and optimism, thus proving that these constructs have a common factor (POS) and high correlations between POS and the three major constructs. Validity was also increased due to the negative correlation between POS, negative affect and depression. The P-Scale scores are unrelated to sex and socioeconomic status and non-linearly related to age and peaked in middle adulthood. However, the authors do state that there needs to be longitudinal research for POS throughout the entire lifespan. In regard to cultural contexts, the P-Scale remained similar throughout the different population samples (Heikamp Alessandri, Laguna, Petrovic, Caprara, Trommsdorff, 2014).

II – Objectives

The present study aims to test the psychometric properties of the European Spanish version of the P-Scale for children from a Spanish population and to evaluate its concurrent and factorial validity with indicators of adaptive behaviors (e.g. prosocial behaviors) and maladaptive behaviors (e.g. internalizing and externalizing behaviors). Then, any limitations and future goals for the scale are discussed.

III – Methodology

Participants

The data being used for this study was collected by Drs. Belen López-Pérez and Tamara Ambrona and consisted of 208 children (102 girls, 49.3%; and 106 boys, 50.7%) from two different schools located in Madrid, Spain. The children were either in the 4th, 5th or 6th grade and the ages ranged from 8 to 12 years old, with $M_{age} = 10.31$ and $SD = 0.961$. Permission was given by the principal and teachers of the schools and only the students and parents that filled out the informed consent forms participated in the study. There were some missing values in the data regarding age (3.6%), as some participants did not write down their date of birth before completing the questionnaires, but these missing values were accounted for before the statistical analysis.

POS

The participants were asked to fill out the Spanish version of the 8 item P-Scale (Caprara et al., 2012). Each item was rated by a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*) with higher item scores indicating more positivity. Item 6 (“At times, the future seems unclear to me”) was reverse coded before the statistical analyses.

SDQ

In order to assess the concurrent validity of the P-Scale, the Spanish version of the SDQ (Goodman, 1997) was administered in order to evaluate externalizing and internalizing behaviors as well as prosocial behaviors. It is a widely used measure that can identify psychopathological symptoms in children and adolescents ages 4 to 17 years old (Caci, Morin, Tran, 2015) and can also evaluate their developmental strengths and weaknesses. (Zuffianò, López-Pérez, Cirimele, Kvapilová, & Caprara, 2019) The SDQ was originally developed to assess five dimensions, but a more fitting model by Caci et al. (2015) consists of grouping the items by externalizing disorders, internalizing disorders and prosocial/strengths. The children and adolescent version of the questionnaire have 25 items (e.g. “I try to be nice to other people, I care about their feelings”, “I am often unhappy, depressed or tearful”, “I think before I do things”) and are measured on a 3-point Likert scale (“Not true,” “Somewhat true” or “certainly true”). Five items (numbers 7, 11, 14, 21 and 25) are reverse scored.

Procedure

The P-Scale was one of the instruments chosen by Drs. Belen López-Pérez, Antonio Zuffianò and Tamara Ambrona for their study regarding children’s and adolescent’s happiness at school. The research initially took place at the Faculty of Science of Liverpool Hope University and began on December 10th, 2016 and ended on August 30th, 2018. It followed the professional guidelines of the British Psychological Society and approval was given by the Faculty Research Ethics Sub-committee for research involving children (under 18) and recommended by a Departmental Research Ethics Lead. Their goal for their study was to holistically assess children’s and adolescent’s happiness at school as well as develop and validate the Children’s and Adolescents Happiness at School Scale (CAHSS) (see López-Pérez and Zuffianò, 2020) for a

British sample with school aged children (see Zuffianò, López-Pérez, Cirimele, Kvapilová, & Caprara, 2019). For the British portion of the sample, children were randomly selected from the Liverpool Hope ChildLab database that contained over 148 schools from Liverpool. For the Spanish portion of the data, Dr. Tamara Ambrona, who also worked on the study from the Universidad Autonoma de Madrid, used the same procedures as Drs. Zuffiano and Lopez-Perez and randomly selected children from schools in the Madrid area using the Spanish versions of the tests. The Spanish version of the P-Scale was translated by Dr. Ambrona and Dr. López-Pérez did the back translation procedure. All the questionnaires were administered online and sent to each student in the classroom simultaneously who filled it out using iPads or laptops under the supervision of a research assistant. It took approximately 40 minutes to administer. Overall all, there were 8 assessments administered for their studies: the CAHSS (Seligman, 2011) to assess happiness at school; the Oxford Happiness Questionnaire (QHQ; Hills & Argyle, 2002) to evaluate overall happiness; the Positivity Scale (POS, by Caprara et al., 2012) to assess positive outlook; the participants lay definitions of happiness, which has been also been previously used in a study from Lopez-Perez, Sanchez & Gummerum, (2015); the Holistic Student Assessment (HSA; Malti, Liu & Noam, 2010) a 25 self-report item that assesses optimism, emotion control, action orientation, self-reflection, trust, sympathy & assertiveness; the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997), a 25 item screening tool to assess students externalizing and internalizing problems and pro-social behavior; the Sociometric Assessment (Coie & Dodge, 1983), a standard peer nominations procedure and assesses popularity status and bullying and prosocial behavior and the Basic Needs Satisfaction Scale (Deci & Ryan, 2000), a 21 item that evaluates autonomy, competence and relatedness in the school context. Academic achievement was also collected through original school records at the end of the school year and data analysis was performed with Mplus 7.4 (Muthén & Muthén, 2012) and IBM Statistical Package for the Social Sciences (SPSS), Version 21 for Windows. Before any of these procedures occurred, informed consent forms were filled out by the participant and their parents. A debriefing form, with all the basic information of the study and the contacts of the lead researchers, was also provided. The participants could withdraw at any time, and as a reward for participating received a certificate of participation and/or a small present. Once the data had been collected, it was coded into SPSS by the researchers and their interns before it was used in Mplus.

Research Design

Confirmatory Factor Analysis (CFA) was used to determine the goodness of the hypothesized unidimensional factor structure of the P-Scale using Mplus 7.4 (Muthén and

Muthén, 2019). The Maximum Likelihood with standard errors (MLR) was used to handle incomplete data and estimate the parameters as well as a chi-square test that is robust to non-normality and non-independence of observations to determine the model fit. To indicate a moderate model fit, results should have Comparative-Fit-Index (CFI) and Tucker-Lewis-Index (TLI) scores between 0.90 and 0.95 and scores greater than 0.95 to indicate a good model fit (Brown, 2015). The Root-Mean-Square-Error-of-Approximation (RMSEA) should have a 90% Confidence Interval (CI) and a Standardized-Root-Mean-Square-Residual (SRMR) value of 0.08 to 0.05 for a moderate model fit and less than 0.05 to indicate a good model fit (Iacobucci, 2010; Brown, 2015). The construct validity between POS and externalizing behaviors, internalizing behaviors and prosocial behaviors were also explored as well as the concurrent validity between the P-Scale and SDQ. To measure the internal consistency of the P-Scale, Cronbach α was used and showed high reliability coefficients in the sample. All the items had adequate standardized loadings except for the reverse-score item 6 (“At times, the future seems unclear to me”), which had a small loading (0.163).

IV – Results

Factor structure

Confirmatory Factor Analysis (CFA) was applied in Mplus 7.4 (Muthén and Muthén, 2012) to test the hypothesized one-factor dimension of the P-Scale. At first the 1-factor solution was a poor fit to the data, but after estimating the covariance between items 2 (“I am satisfied with my life”) and 5 (“On the whole I am satisfied with myself”) the results indicated a very good fit to the data. The estimation method used was MLR and the following results were as following: (χ^2 (41) = 36.207, p = 0.68; CFI = 1.00; TLI = 1.01, SRMR = 0.035, RMSEA = 0.000) and factor loadings (which need to be at least 0.4 to be considered important) ranging from 0.509 to 0.738, with the exception of item 6, which had a lower factor loading (0.163) as seen in **Figure 1**. Item 6 was also the only reverse scored item in the scale. Cronbach’s alpha indicated an acceptable internal reliability (α = 0.766).

Concurrent Validity of the P-Scale

In order to assess the concurrent validity of the P-Scale, the relationship with the sample's POS scores were examined alongside the SDQ scores using an unconstrained structural equation modeling (SEM framework) and allowing all factor loadings to be freely estimated. As seen in Figure 1, the results showed a negative effect of POS on externalizing ($\beta_s = -.27, p < .001$) and internalizing behaviours ($\beta_s = -.28, p < .001$) and a positive effect on prosocial behaviour ($\beta_s = .36, p < .001$) thus attesting to the concurrent validity of P Scale across late childhood.

Differences between children and adults

To test the invariance of the P-Scale and whether any developmental differences existed, we compared the present data with the data from Caprara et al. (2012) containing an adult sample and were able to detect significant differences in the mean levels between the two samples (as seen in Table 1). The results of Cohen's $d = 0.8907$ indicated a large effect size (> 0.8) and can attest to the developmental sensitivity of the scale.

Table 1: Means and standard deviations for samples with children and adults (Caprara et al., 2012)

	Children's sample	Adult sample from Caprara et al. (2012)
Mean	4.198	3.60
Standard deviation	0.607	0.73
Sample size (n)	208	302

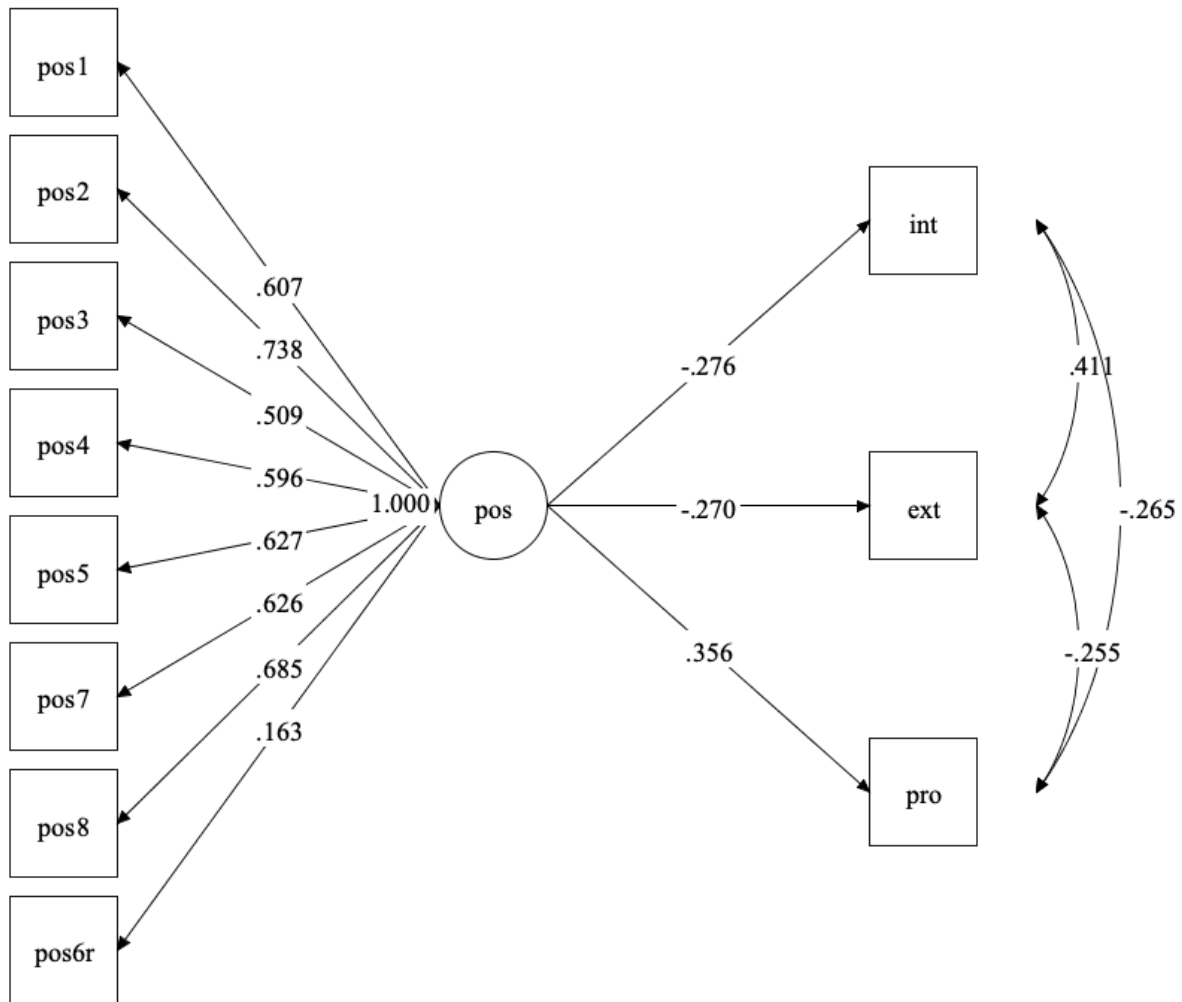


Figure 1: Concurrent Validity of the P-Scale

V – Discussion

There has been various studies that can attest to the benefits of POS in adulthood, but there has been little research about its effect in late childhood. Because POS can substantially increase well-being, the main goal of this study was to see whether POS was a reliable assessment in early childhood and whether it related to negative behaviors or protective ones. The results were able to prove that the correlation between P-Scale items was due to a single common factor, POS. The only item that had a low factor loading was the reverse scored item 6 which is consistent with previous studies by Zuffianò et al. (2019), who also recommended that

this item be revised or deleted from future versions of the P-Scale for children. Items 2 and 5 (“I am satisfied with my life” and “On the whole, I am satisfied with myself”) needed to have the covariance between their residual terms estimated in order for there to be an acceptable model fit. This was due to a method effect with the items being worded similarly and does not imply variance in what was intended to be measured (Maul, 2013). These kinds of results also appeared in works by Caprara et al. (2012), Tian et al. (2018) and Borsa et al. (2013), who noticed an error correlation in items 1 and 6 for their study with an adult sample. All of this evidence suggests that some of the items in the P-Scale should be reworded to reduce shared variance. Zuffianò et al. (2019) recommended for item 2 to be reworded as “I am happy for who I am” instead of “I am satisfied with myself”, as the beginning part is already written in item 5 (“On the whole, I am satisfied with myself”) and for item 4 to be reworded with a precise time, such as “I look forward to the next year with hope and enthusiasm.” Borsa et al. (2013) recommended that some of the items from the optimism category to be reworded or deleted from future versions of the scale.

The results also suggest a relatively large effect size of the P-Scale between the current data (in childhood) and the data from the adult sample of Caprara et al. (2012) and showed significant mean-level differences and demonstrates how sensitive the P-Scale is to different age groups. Zuffianò et al. (2019) also found that children had higher POS than adolescents. However, this could be due to the positivity bias (the overestimation of one’s own abilities and unrealistic positive self-views) that younger children tend to have (Harter, 2012). This typically occurs in children’s self-reports because they lack the cognitive abilities to engage in social comparisons. However, this bias serves a protective function and begins to decline during the transition into late childhood/adolescence and more research is needed to understand why and what factors cause this. Lastly the concurrent validity indicated that POS was related to an increase in prosocial behavior and a decrease in internalizing and externalizing behaviors, thus confirming the protective role POS has in well-being.

Limitations

There were a few limitations in the present study. The first one was regarding its cross-sectional research design. Future research should use a longitudinal study that follows the individual throughout their lifespan (starting from childhood into adolescence and adolescence into adulthood) in order to increase our understanding of the long-term effects POS has on

development. Another limitation of this study was that the participants were all in late childhood. There has been very little research regarding POS in early to mid-childhood (less than 8 years old) and the current study could have included children aged 2-7 years old to compare against the current sample. This way the developmental differences of positivity in children could be further explored. However, children this young lack the cognitive abilities to engage in social comparisons that causes positivity bias (Harter, 2012) and may misinterpret the items of the scale. A solution to this would be to further investigate how these children interpret and understand the meaning of each of the items and to edit and reword the scale accordingly to create a version that they can understand better. However, positivity bias might also be due to the self-report nature of the P-Scale (Harter, 2012). A solution to this could be to develop the scale from the perspective of the child's parents or educators. The third limitation of this study is in line with previous literature that the absence of negative affect does not lead to optimal functioning and that an excessive amount of positivity or lack of negative emotions is also not beneficial for the well-being of the individual and can cause a loss of touch with reality or develop unrealistic optimism and overconfidence (Filipowicz, 2006; George & Zhou, 2002; Martin et al., 1993). Future studies should take this into consideration when studying positivity and determine what the extreme values are in addition to what behaviors may arise from this. There has also been considerable research regarding positivity and its trait properties (e.g. Bitjttebier, Raes, Vasey, & Feldman, 2012) and its state properties (e.g. Volbrecht, Lemery-Chalfant, Aksan, & Goldsmith, 2007) which the current study did not address. Future research could use the P-Scale to study the variables that positivity is known to have a relationship with, such as positive affect and different personality traits, to further study it's concurrent validity. Convergent validity with other scales meant to evaluate children is also left to be explored.

VI – Conclusion

The main goals of this study was to present the psychometric properties and concurrent validity of the P-Scale (Caprara, et al. 2012) for children within a Spanish sample. The results indicate that the scale is a reliable method that can be applied to this specific population. The scale can also be useful for research in the field of Positive Psychology and in interventions that look to increase an individual's level of well-being as well as any prevention plans. Although further research is required to determine the level of validity as well as a refinement of the items, the P-Scale is a valid instrument that is short and easy to administer across most age groups.

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LIVERPOOL HOPE UNIVERSITY
RESEARCH CONSENT FORM (OPT-IN) – general

Title of research project: Children's and Adolescents' Happiness at School

Participant number:

Name of researcher: Drs. Belen Lopez-Perez and Antonio Zuffiano

Please tick the appropriate box

I confirm that I have read and understand the information sheet for the above research project and have had the opportunity to ask questions

Yes	No
-----	----

I understand that my child participation is voluntary and that I am free to withdraw at any time, without giving any reason.

Yes	No
-----	----

I agree that my child will take part in this research project and for the anonymised data to be used as the researcher sees fit, including publication.

Yes	No
-----	----

Name of participant:

Signature:

Date:



LIVERPOOL HOPE UNIVERSITY
RESEARCH CONSENT FORM (OPT-OUT)– general

Title of research project: Children's and Adolescents' Happiness at School

Participant number:

Name of researcher: Drs. Belen Lopez-Perez and Antonio Zuffiano

If you **DO NOT WANT** your child to take part in this study, please tick the following box

Please tick the appropriate box

I DO NOT WANT that my child will take part in this research project.

By not ticking the above box, you confirm that (a) you have read and understood the information sheet for the above research project and have had the opportunity to ask Questions, and (b) you have understood your child participation is voluntary and that you and your child are free to withdraw at any time, without giving any reason

Name of the child:

Signature:

Date:



LIVERPOOL HOPE UNIVERSITY

PARTICIPANT INFORMATION.

Title of Project: Children's and Adolescents' Happiness at School

**Participant ID
Number:**

Principal Investigator: Drs. Belen Lopez-Perez and Antonio Zuffiano

Investigator contact details: lopezpb@hope.ac.uk zuffiaa@hope.ac.uk

Telephone number: +44 (0)151 291 3832/2157

This project is funded by: None

INFORMATION TO POTENTIAL PARTICIPANTS

1. What is the purpose of the project?

We are interested in children's and adolescents' happiness at school and the potential factors linked with it. To that aim, we have designed a new questionnaire to assess children's and adolescents' happiness at school. Besides this questionnaire, your child will complete other measures to assess school satisfaction and well-being.

2. Why have I been selected to take part?

Your child has been asked to participate because this research wants to know more about children's and adolescents' happiness.

3. What will I have to do?

If you and your child decide to take part, your child will be asked to fill out different questionnaires to know more about how happy s/he is at school. Besides age and gender, no other personal information will be required. Your child will be asked to create a personal code (i.e., initial of first name, initial of school, and date of birth). This code can be provided to the

investigators if you decide to withdraw your child participation in the study at any time.

4. What are the exclusion criteria (i.e. are there any reasons why I should not take part)?

Children younger than 10 years or older than 16 years of age.

5. Will my participation involve any physical discomfort?

No

6. Will my participation involve any psychological discomfort or embarrassment?

No

7. Will I have to provide any bodily samples (i.e. blood, saliva)?

No

8. How will confidentiality be assured?

Besides age and gender no other personal information will be recorded making the data confidential.

9. Who will have access to the information that I provide?

Only the experimenter will have access to the information your child will provide. No one participating in the study will be identifiable in any resulting publications. Publications will only include data summarised for the different experimental conditions.

10. How will my information be stored / used in the future?

All information will be securely stored in line with the Data Protection Act and will be destroyed 10 years following completion of the study. Consent forms will be stored in locked-filling cabinets. Once the project is finished, we will send the school an overview of the general results. Data will be only used for research purposes and we will never provide/analyse data at the individual, child-level. Results will be only reported at the aggregated level.

11. Has this investigation received appropriate ethical clearance?

Yes. The study has been approved by the Faculty of Science Ethics Committee of the Liverpool Hope University.

12. Will I receive any financial rewards / travel expenses for taking part?

As a thank you for taking part in the study your child will receive a certificate or a small present.

13. How can I withdraw from the project?

Your child may withdraw at any time without having to give a reason. If your child decides to withdraw after taking part in the study, you only have to provide the personal code created by him/her (i.e., initial of first name, initial of school, and data of birth) and all the data will be deleted.

14. If I require further information who should I contact and how?

For further information, please send an email to:

Dr. Belen Lopez-Perez
lopezpb@hope.ac.uk

Dr. Antonio Zuffiano
zuffiaa@hope.ac.uk

APPENDIX
Debriefing Form

Children's and Adolescents' Happiness at School
Debriefing

Thank you very much for taking part in this study. This debriefing letter is intended to provide full information about how and why the research was conducted, and to clarify our procedures further. Please do not hesitate to ask if there are any further aspects of the project you would like us to explain.

The study your child has just taken part in is focused on investigating whether children and adolescents are happy at school and the impact this may have in their well-being and academic achievement.

Previous research has shown that despite of different intervention programmes, children and adolescents are not happy at school. We would like to know what factors may enhance children's and adolescents' satisfaction in the school context.

To that aim, your child completed different questionnaires to assess their own levels of happiness at school, as well as how satisfied s/he was with his social relationships in the class, the freedom to choose different learning activities, and his/her levels of optimism, emotion control, action orientation, self-reflection, trust, sympathy, assertiveness, and academic achievement.

We expected higher scores of happiness at school to be positively related to higher academic achievement, as well as more positive relationships in the classroom setting, and higher optimism, emotion controls, trust, and sympathy.

We hope that the above information gives you a clearer understanding of this research. If you would like to withdraw your child's data you can do it at any point by providing the personal code s/he created (i.e., initial of first name, initial of school, and date of birth) by contacting by email **Dr Belén López-Pérez** lopezpb@hope.ac.uk or **Dr. Antonio Zuffiano** zuffiaa@hope.ac.uk.

If you are dissatisfied with the way the research is conducted, please contact the principal investigator in the first instance: **0151 2993832/2157**.

Thank you again for your participation and have a nice day.

Escala de Positividad (EP)

Instrucciones: Las frases 1 a 8 describen afirmaciones con las que puedes o no estar de acuerdo. Marque cuánto está de acuerdo con cada una de las siguientes afirmaciones, en una escala de 1 (totalmente en desacuerdo) a 5 (totalmente de acuerdo), colocando una X sobre el número correspondiente a su opinión. Lea la información cuidadosamente e intenta responder con la máxima espontaneidad. No hay respuestas correctas o incorrectas.

1	2	3	4	5
Totalmente en desacuerdo	En desacuerdo	Ni de acuerdo ni en desacuerdo	De acuerdo	Totalmente de acuerdo

	1	2	3	4	5
1. Tengo mucha fe en el futuro					
2. Estoy satisfecho/a con mi vida					
3. Generalmente los otros están ahí cuando los necesito					
4. Miro al futuro con esperanza y entusiasmo					
5. En general, estoy satisfecho/a conmigo mismo/a					
6. A veces el futuro me parece incierto					
7. Siento que tengo muchas cosas de las que estar orgulloso/a					
8. En general, tengo confianza en mí mismo/a					

Cuestionario de capacidades y dificultades (SDQ-Cas)

Por favor pon una cruz en el cuadro que creas que corresponde a cada una de las preguntas: No es verdad, Es verdad a medias, Verdaderamente sí. Es importante que respondas a todas las preguntas lo mejor que puedas, aunque no estés completamente seguro/a de la respuesta, o te parezca una pregunta rara. Por favor, responde a las preguntas según como te han ido las cosas en los últimos seis meses.

Nombre

Varón/Mujer

Fecha de nacimiento.....

	No es verdad	Es verdad a medias	Verdaderamente sí
Procuro ser agradable con los demás. Tengo en cuenta los sentimientos de las otras personas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soy inquieto/a, hiperactivo/a, no puedo permanecer quieto/a por mucho tiempo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suelo tener muchos dolores de cabeza, estómago o náuseas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normalmente comparto con otros mis juguetes, chucherías, lápices, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuando me enfado, me enfado mucho y pierdo el control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefiero estar solo/a que con gente de mi edad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Por lo general soy obediente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A menudo estoy preocupado/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayudo si alguien está enfermo, disgustado o herido	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estoy todo el tiempo moviéndome, me muevo demasiado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tengo un/a buen/a amigo/a por lo menos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peleo con frecuencia con otros, manipulo a los demás	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me siento a menudo triste, desanimado o con ganas de llorar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Por lo general caigo bien a la otra gente de mi edad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me distraigo con facilidad, me cuesta concentrarme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me pongo nervioso/a con las situaciones nuevas, fácilmente pierdo la confianza en mí mismo/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trato bien a los niños/as más pequeños/as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A menudo me acusan de mentir o de hacer trampas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otra gente de mi edad se mete conmigo o se burla de mí	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A menudo me ofrezco para ayudar (a padres, maestros, niños)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pienso las cosas antes de hacerlas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cojo cosas que no son mías de casa, la escuela o de otros sitios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me llevo mejor con adultos que con otros de mi edad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tengo muchos miedos, me asusto fácilmente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termino lo que empiezo, tengo buena concentración	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Firma

Fecha

Muchas gracias por tu ayuda