

## MOOD AND FEELINGS QUESTIONNAIRE: Short Version

This form is about how your child might have been feeling or acting **recently**.

For each question, please check (✓) how s/he has been feeling or acting ***in the past two weeks***.

If a sentence was not true about your child, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about your child most of the time, check TRUE.

**Score the MFQ as follows:**

NOT TRUE = 0

SOMETIMES = 1

TRUE = 2

<b>To code, please use a checkmark (✓) for each statement.</b>	<b>NOT TRUE</b>	<b>SOME TIMES</b>	<b>TRUE</b>
1. S/he felt miserable or unhappy.			
2. S/he didn't enjoy anything at all.			
3. S/he felt so tired that s/he just sat around and did nothing.			
4. S/he was very restless.			
5. S/he felt s/he was no good anymore.			
6. S/he cried a lot.			
7. S/he found it hard to think properly or concentrate.			
8. S/he hated him/herself.			
9. S/he felt s/he was a bad person.			
10. S/he felt lonely.			
11. S/he thought nobody really loved him/her.			
12. S/he thought s/he could never be as good as other kids.			
13. S/he felt s/he did everything wrong.			