

Child's Name: _____ Date: _____ Parent's Name: _____

Mood and Feelings Questionnaire: Parent Version

This form is about how your child might have been feeling or acting recently.
 For each question, please check how much she or he has felt or acted this way in the past 2 weeks.
 If a sentence was true most of the time, circle 2 = TRUE. If it was only sometimes true, circle
 1 = SOMETIMES. If a sentence was not true, circle 0 = NOT TRUE.

		NOT TRUE	SOME- TIMES	TRUE
1	He/she felt miserable or unhappy.	0	1	2
2	He/she didn't enjoy anything at all.	0	1	2
3	He/she felt so tired he/she just sat around and did nothing.	0	1	2
4	He/she was very restless.	0	1	2
5	He/she felt he/she was no good anymore.	0	1	2
6	He/she cried a lot.	0	1	2
7	He/she found it hard to think properly or concentrate.	0	1	2
8	He/she hated him/herself.	0	1	2
9	He/she felt he/she was a bad person.	0	1	2
10	He/she felt lonely.	0	1	2
11	He/she thought nobody really loved him/her.	0	1	2
12	He/she thought he/she could never be as good as other kids.	0	1	2
13	He/she felt he/she did everything wrong.	0	1	2
14	He/she was less hungry than usual.	0	1	2
15	He/she ate more than usual.	0	1	2
16	He/she felt grumpy and cross with you.	0	1	2
17	He/she didn't sleep as well as he/she usually sleeps.	0	1	2
18	He/she slept a lot more than usual.	0	1	2
19	He/she thought there was nothing good for him/her in the future.	0	1	2
20	He/she thought that life wasn't worth living.	0	1	2
21	He/she thought about killing him/herself.	0	1	2

