

Mood and Feelings Questionnaire: Child Version

This form is about how you might have been feeling or acting recently.

For each question, please check how much you have 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	I felt miserable or unhappy.	0	1	2
2	I didn't enjoy anything at all.	0	1	2
3	I felt so tired I just sat around and did nothing.	0	1	2
4	I was very restless	0	1	2
5	I felt I was no good anymore.	0	1	2
6	I cried a lot.	0	1	2
7	I found it hard to think properly or concentrate.	0	1	2
8	I hated myself.	0	1	2
9	I felt I was a bad person.	0	1	2
10	I felt lonely.	0	1	2
11	I thought nobody really loved me.	0	1	2
12	I thought I could never be as good as other kids.	0	1	2
13	I felt I did everything wrong.	0	1	2
14	I was less hungry than usual.	0	1	2
15	I ate more than usual.	0	1	2
16	I felt grumpy and cross with my parents.	0	1	2
17	I didn't sleep as well as I usually sleep.	0	1	2
18	I slept a lot more than usual.	0	1	2
19	I thought there was nothing good for me in the future.	0	1	2
20	I thought that life wasn't worth living.	0	1	2
21	I thought about killing myself.	0	1	2