

Name: _____

Date: _____

DOB: _____

Mood and Feeling Questionnaire

Instructions:

This form is about how you might have been feeling or acted recently. Please check how much you have felt or acted this way in the past two weeks.

I felt miserable or unhappy.	Not True	Sometimes	True
I didn't enjoy anything at all.	Not True	Sometimes	True
I felt so tired I just sat around and did nothing.	Not True	Sometimes	True
I was very restless.	Not True	Sometimes	True
I felt I was no good anymore.	Not True	Sometimes	True
I cried a lot.	Not True	Sometimes	True
I found it hard to think properly or concentrate.	Not True	Sometimes	True
I hated myself.	Not True	Sometimes	True
I felt I was a bad person.	Not True	Sometimes	True
I felt lonely.	Not True	Sometimes	True
I thought nobody really loved me.	Not True	Sometimes	True
I thought I would never be as good as other kids.	Not True	Sometimes	True
I did everything wrong.	Not True	Sometimes	True

Score Meaning:

For ages 8-18, Clinical Cutoff is 11 - Higher score signifies depression

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