

PRAP

Mood and Feeling Questionnaire (MFQ)

Mood and Feelings Questionnaire--Child Version

Page 1 of 2

Please darken the circle next to the statement that best describes you in the **PAST TWO WEEKS**.

	0 Not true	1 Sometimes	2 True
1. I felt awful or unhappy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I didn't enjoy anything at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was less hungry than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I ate more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt too tired I just sat around and did nothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was moving and walking more slowly than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I was very restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt I was no good anymore.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I blamed myself for things that weren't my fault.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. It was hard for me to make up my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt grumpy and upset with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt like talking less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was talking more slowly than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I cried a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I thought there was nothing good for me in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I thought that life wasn't worth living.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I thought about death or dying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I thought my family would be better off without me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I thought about killing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I didn't want to see my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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ID #

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Mood and Feelings Questionnaire  
Child Version--page 2 of 2

	0 Not true	1 Sometimes	2 True
21. I found it hard to pay attention or concentrate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I thought bad things would happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I hated myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I felt I was a bad person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I thought I looked ugly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I worried about aches and pains.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I thought nobody really loved me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I didn't have any fun at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I thought I could never be as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I felt I did everything wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I didn't sleep as well as I usually sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I slept a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For internal use only**

Assess Wk	ID#	Assessment Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
0	<input type="text"/>	0 <input type="text"/>
1	<input type="text"/>	1 <input type="text"/>
2	<input type="text"/>	2 <input type="text"/>
3	<input type="text"/>	3 <input type="text"/>
4	<input type="text"/>	4 <input type="text"/>
5	<input type="text"/>	5 <input type="text"/>
6	<input type="text"/>	6 <input type="text"/>
7	<input type="text"/>	7 <input type="text"/>
8	<input type="text"/>	8 <input type="text"/>
9	<input type="text"/>	9 <input type="text"/>