

Child: \_\_\_\_\_  
Caregiver: \_\_\_\_\_

Child age \_\_\_\_\_  
Date: \_\_\_\_\_

## Moods and Feelings Questionnaire (7-18)

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

	0 Not True	1 Sometimes	2 True
I felt miserable or unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't enjoy anything at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt so tired I just stay around and did nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was no good anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to think properly or concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hated myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was a bad person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought nobody really loved me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought I would never be as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did everything wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Score:** \_\_\_\_\_