Moods and Feelings Questionnaire - Parent Report (Short Version)

Client Information

Name: _____

Gender: _____

DOB: _____

Address: _____

Contact Number: _____

Date: _____

Instructions:

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 two weeks. If a sentence was true about your child most of the time, check TRUE. If it was only sometimes true, check SOMETIMES. If a sentence was not true about your child, check NOT TRUE.

	True 2	Sometimes 1	Not True 0
1. S/he felt miserable or unhappy	☐	☐	☐
2. S/he didn't enjoy anything at all	☐	☐	☐
3. S/he felt so tired s/he just sat around and did nothing	☐	☐	☐
4. S/he was very restless	☐	☐	☐
5. S/he felt s/he was no good any more	☐	☐	☐

6. S/he cried a lot	☐	☐	☐
7. S/he found it hard to think properly or concentrate	☐	☐	☐
8. S/he hated themselves	☐	☐	☐
9. S/he felt s/he was a bad person	☐	☐	☐
10. S/he felt lonely	☐	☐	☐
11. S/he thought nobody really loved him/her	☐	☐	☐
12. S/he thought s/he could never be as good as other kids	☐	☐	☐
13. S/he felt s/he did everything wrong	☐	☐	☐

Notes:
