

MOOD AND FEELINGS QUESTIONNAIRE

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 him or her most of the time, check TRUE.

If it was only sometimes true, check SOMETIMES.

If a sentence was not true about him or her, check NOT TRUE.

	TRUE	SOME-TIMES	NOT TRUE
1. S/he felt miserable or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. S/he didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. S/he was less hungry than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. S/he ate more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. S/he felt so tired s/he just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. S/he was moving and walking more slowly than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. S/he was very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. S/he felt s/he was no good anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. S/he blamed him/herself for things that weren't his/her fault.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It was hard for him/her to make up his/her mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. S/he felt grumpy and cross with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. S/he felt like talking less than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. S/he was talking more slowly than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. S/he cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	TRUE	SOME-TIMES	NOT TRUE
15. S/he thought there was nothing good for him/her in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. S/he thought that life wasn't worth living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. S/he thought about death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. S/he thought his/her family would be better off without him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. S/he thought about killing him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. S/he didn't want to see his/her friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. S/he found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. S/he thought bad things would happen to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. S/he hated him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. S/he felt s/he was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. S/he thought s/he looked ugly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. S/he worried about aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. S/he felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. S/he thought nobody really loved him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. S/he didn't have any fun at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. S/he thought s/he could never be as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. S/he felt s/he did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. S/he didn't sleep as well as s/he usually sleeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. S/he slept a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. S/he wasn't as happy as usual, even when you praised or rewarded him/her.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>