**MOOD AND FEELINGS QUESTIONNAIRE FOR 7-18 YEAR OLDS**

This form is about how you might have been feeling or acting recently.

Please check how true the statement is for your experience over the past two weeks.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME:  DATE: | NOT TRUE  0 | SOMETIMES  1 | TRUE  2 | Did this feel Mild, moderate, or severe for you? |
| I felt miserable / unhappy |  |  |  |  |
| I didn’t enjoy anything at all |  |  |  |  |
| I felt so tired I just sat around and did nothing |  |  |  |  |
| I felt very restless |  |  |  |  |
| I felt I was no good anymore |  |  |  |  |
| I cried |  |  |  |  |
| I fount it hard to think properly or concentrate |  |  |  |  |
| I hated myself |  |  |  |  |
| I felt I was a bad person |  |  |  |  |
| I felt lonely |  |  |  |  |
| I thought nobody really loved me |  |  |  |  |
| I thought I would never be as good as others |  |  |  |  |
| I did everything wrong |  |  |  |  |
| SCORE |  |  |  |  |

*(11 or over may indicated depression)*