

Therapist ID: _____

Today's Date: _____

Client ID: _____

Short Mood and Feelings Questionnaire (MFQ) Caregiver-Report Version

This form is about how your child might have been feeling or acting recently. For each question, please check how much your child has felt or acted this way *in the past two weeks*.

If a sentence was true about you most of the time, check **TRUE (2)**.

If it was only sometimes true, check **SOMETIMES (1)**.

If a sentence was not true about you, check **NOT TRUE (0)**.

	True 2	Sometimes 1	Not True 0
1. They felt miserable or unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. They didn't enjoy anything at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. They felt so tired they just sat around and did nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. They were very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. They felt they were no good any more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. They cried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. They found it hard to think properly or concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. They hated themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. They were a bad person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. They felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. They thought nobody really loved them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. They thought they could never be as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. They did everything wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>