



Child: _____ Child age _____

Caregiver: _____ Date: _____

Moods and Feelings Questionnaire (12-17)

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.	___	___	___
• I didn't enjoy anything at all.	___	___	___
• I felt so tired I just sat around and did nothing.	___	___	___
• I was very restless.	___	___	___
• I felt I was no good anymore.	___	___	___
• I cried a lot.	___	___	___
• I found 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 other kids.	___	___	___
• I did everything wrong.	___	___	___

Score: _____