



SHORT MOOD AND FEELINGS QUESTIONNAIRE (PARENT REPORT ON CHILD)

This form is about how your child might have been feeling or acting **recently**.

For each question, please check (✓) how s/he has been feeling or acting **in the past two weeks**.

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

	NOT TRUE	SOMETIMES	TRUE
S/he felt miserable or unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he didn't enjoy anything at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he felt so tired that s/he just sat around and did nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he was very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he felt s/he was no good anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he cried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he found it hard to think properly or concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he hated him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he felt s/he was a bad person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he thought nobody really loved him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he thought s/he could never be as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/he felt s/he did everything wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>