

Patient Name: _____

DOB: _____

CHILD Self-Report

**PLEASE RETURN COMPLETED FORMS THROUGH THE PATIENT PORTAL.
Call the office 703-435-3636 to register if you do not have a Portal account.
Address to General Messages: Subject: Attn: Provider Name, use paper clip icon to attach form.**

MOOD AND FEELINGS QUESTIONNAIRE: Long Version

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

For each question, please mark how you have been feeling or acting *in the past two weeks*.

If a sentence was not true about you, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about you most of the time, check TRUE.

SCORE the MFQ as follows:

NOT TRUE = 0

SOMETIMES = 1

TRUE = 2

To code, please use a checkmark for each statement.	NOT TRUE	SOME TIMES	TRUE
1. I felt miserable or unhappy.			
2. I didn't enjoy anything at all.			
3. I was less hungry than usual.			
4. I ate more than usual.			
5. I felt so tired I just sat around and did nothing.			
6. I was moving and walking more slowly than usual.			
7. I was very restless.			
8. I felt I was no good anymore.			
9. I blamed myself for things that weren't my fault			
10. It was hard for me to make up my mind.			
11. I felt grumpy and cross with my parents.			
12. I felt like talking less than usual.			
13. I was talking more slowly than usual.			
14. I cried a lot.			
15. I thought there was nothing good for me in the future.			
16. I thought that life wasn't worth living.			
17. I thought about death or dying.			
18. I thought my family would be better off without me.			
19. I thought about killing myself.			
20. I didn't want to see my friends.			
21. I found it hard to think properly or concentrate.			
22. I thought bad things would happen to me.			
23. I hated myself.			
24. I felt I was a bad person.			

25. I thought I looked ugly.			
26. I worried about aches and pains.			
27. I felt lonely.			
28. I thought nobody really loved me.			
29. I didn't have any fun at school.			
30. I thought I could never be as good as other kids.			
31. I felt I did everything wrong.			
32. I didn't sleep as well as I usually sleep.			
33. I slept a lot more than usual.			
34. I wasn't as happy as usual, even when I was praised or rewarded.			

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