

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**PARENT Report on Child**

**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 your child might have been feeling or acting recently:

For each question, please mark 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.

**SCORE the MFQ as follows:**

NOT TRUE = 0

SOMETIMES = 1

TRUE = 2

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

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

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