

## Short Mood & Feelings Questionnaire—PARENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**T1 T2 T3**

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Directions: This form is about how your child may have been feeling or acting recently. For each question, please circle how your child has been feeling or acting in the past two weeks.**

If a sentence was NOT TRUE about your child, circle 0.

If a sentence was only SOMETIMES true, circle 1.

If a sentence was TRUE about your child most of the time, circle 2.

		Not True	Sometimes	True
<b>1</b>	My child felt miserable or unhappy.	<b>0</b>	<b>1</b>	<b>2</b>
<b>2</b>	My child didn't enjoy anything at all.	<b>0</b>	<b>1</b>	<b>2</b>
<b>3</b>	My child felt so tired that he/she just sat around and did nothing.	<b>0</b>	<b>1</b>	<b>2</b>
<b>4</b>	My child was very restless.	<b>0</b>	<b>1</b>	<b>2</b>
<b>5</b>	My child felt he/she was no good anymore.	<b>0</b>	<b>1</b>	<b>2</b>
<b>6</b>	My child cried a lot.	<b>0</b>	<b>1</b>	<b>2</b>
<b>7</b>	My child found it hard to think properly or concentrate.	<b>0</b>	<b>1</b>	<b>2</b>
<b>8</b>	My child hated him/herself.	<b>0</b>	<b>1</b>	<b>2</b>
<b>9</b>	My child felt he/she was a bad person.	<b>0</b>	<b>1</b>	<b>2</b>
<b>10</b>	My child felt lonely.	<b>0</b>	<b>1</b>	<b>2</b>
<b>11</b>	My child thought nobody really loved him/her.	<b>0</b>	<b>1</b>	<b>2</b>
<b>12</b>	My child thought he/she could never be as good as other kids.	<b>0</b>	<b>1</b>	<b>2</b>
<b>13</b>	My child felt he/she did everything wrong.	<b>0</b>	<b>1</b>	<b>2</b>