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MOOD AND FEELINGS QUESTIONNAIRE: Short Version

This form is about how you might have been feeling or acting recently. For each question, please check 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.

| | Not True | Sometimes | 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 was a bad person. | | | |
| I felt lonely. | | | |
| I thought nobody really loved me. | | | |
| I thought I could never be as good as other kids. | | | |
| I did everything wrong. | | | |