

## Moods and Feelings Questionnaire

Name

Date

*Please circle the one that best fits you.*

	<i>NOT TRUE</i>	<i>SOMETIMES</i>	<i>TRUE</i>
• I felt miserable or unhappy	0	1	2
• I didn't enjoy anything at all	0	1	2
• I felt so tired I just say around and did nothing	0	1	2
• I was very restless	0	1	2
• I felt I was no good anymore	0	1	2
• I cried a lot	0	1	2
• I found it hard to think properly or concentrate	0	1	2
• I hated myself	0	1	2
• I felt I was a bad person	0	1	2
• I felt lonely	0	1	2
• I thought nobody really loved me	0	1	2
• I thought I would never be as good as other kids	0	1	2
• I did everything wrong	0	1	2

