

The School Board of Brevard County, Florida

MOOD AND FEELINGS QUESTIONNAIRE: Short Version



Student Name _____ Grade _____ School _____ Date _____

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.

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 felt so tired I just sat around and did nothing.			
4. I was very restless.			
5. I felt I was no good anymore.			
6. I cried a lot.			
7. I found it hard to think properly or concentrate.			
8. I hated myself.			
9. I was a bad person.			
10. I felt lonely.			
11. I thought nobody really loved me.			
12. I thought I could never be as good as other kids.			
13. I did everything wrong.			
Column subtotal (number checked x number in box)	0	1	2

Total