

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Mood Questionnaire

Children and adolescents sometimes have different feelings and ideas. Read each group of statements carefully and pick the statement in each group which most closely matches how you have been feeling or thinking for the *past two weeks*. Circle the number beside the statement you pick. Pick one number for each group of statements.

1. 0. I do not feel sad.  
1. I feel sad.  
2. I am sad all of the time and cannot snap out of it.  
3. I am so sad or unhappy that I cannot smile.
2. 0. I am not particularly discouraged about the future.  
1. I feel discouraged about the future.  
2. I feel I have nothing to look forward to.  
3. I feel that the future is hopeless and that things cannot improve.
3. 0. I do not feel like a failure.  
1. I feel I have failed more than the average person.  
2. As I look back on my life, all I can see is a lot of failures.  
3. I feel like I am a complete failure as a person.
4. 0. I get as much satisfaction out of things as I used to.  
1. I don't enjoy things the way I used to.  
2. I don't get real satisfaction out of anything anymore.  
3. I am dissatisfied or bored with everything.
5. 0. I don't feel particularly guilty.  
1. I feel guilty a good part of the time.  
2. I feel guilty most of the time.  
3. I feel guilty all of the time.
6. 0. I don't feel I'm being punished.  
1. I feel I may be punished.  
2. I expect to be punished.  
3. I feel I am being punished.
7. 0. I don't feel disappointed in myself upset  
1. I am disappointed in myself.  
2. I am disgusted with myself.  
3. I hate myself.
8. 0. I don't feel I am any worse than anybody else.  
1. I am critical of myself for my weaknesses or mistakes.  
2. I blame myself for all my faults.  
3. I blame myself for every bad thing that happens.
9. 0. I don't have thoughts of killing myself.  
1. I have thoughts of killing myself but would never carry them out.  
2. I would like to kill myself.  
3. I would kill myself if I had the chance.
10. 0. I don't cry anymore than usual.  
1. I cry more than I used to.  
2. I cry all the time now.  
3. I used to be able to cry but now I can't cry even though I want to.
11. 0. I am no more irritated than I ever am.  
1. I get annoyed or irritated more easily than I used to.  
2. I feel irritated all the time now.  
3. I don't get irritated at all by the things that used to irritate me.
12. 0. I do not feel sad  
1. I am less interested in other people than I used to be.  
2. I have lost most of my interest in other people.  
3. I have lost all of my interest in other people.
13. 0. I make decisions about as well as I ever could.  
1. I put off making decisions more than I used to.  
2. I have greater difficulty in making decisions than before.  
3. I can't make decisions at all anymore.
14. 0. I don't feel I look any worse than I used to.  
1. I am worried that I am looking unattractive.  
2. I feel that there are permanent changes in my appearance that make me look unattractive.  
3. I believe that I look ugly.
15. 0. I can work about as well as before.  
1. It takes an extra effort to get started at doing something.  
2. I have to push myself very hard to do anything.  
3. I can't do any work at all.
16. 0. I can sleep as well as usual.  
1. I don't sleep as well as I used to.  
2. I wake up one to two hours earlier than usual and find it hard to get back to sleep.  
3. I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0. I don't get more tired than usual.  
1. I get tired more easily than I used to be.  
2. I get tired from doing almost anything.  
3. I am too tired to do anything.
18. 0. My appetite is no worse than usual.  
1. My appetite is not as good as it used to be.  
2. My appetite is much worse now.  
3. I have no appetite at all anymore.
19. 0. I haven't lost much weight, if any, lately  
1. I have lost more than five (5) pounds.  
2. I have lost more than ten (10) pounds  
3. I have lost more than fifteen (15) pounds  
I am purposely trying to lose weight by eating less. Yes \_\_\_\_\_ No \_\_\_\_\_
20. 0. I am no more worried about my health than usual.  
1. I am worried about physical problems such as aches and pains, upset stomach, or constipation.  
2. I am very worried about physical problems, and I cannot think about anything else.  
3. I am so worried about my physical problems that I cannot think about anything else.