

Short Mood and Feelings Questionnaire

This form is about how you might have been feeling or acting recently.

For each question, please check how much you have felt or acted this way *in the past two weeks*.

If a sentence was true about you most of the time, check **True**.

If it was only sometimes true, check **Sometimes**.

If a sentence was not true about you, check **Not True**.

| | Not True | Sometimes | True |
|--|--------------------------|--------------------------|--------------------------|
| 1. I felt miserable or unhappy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I didn't enjoy anything at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I felt so tired I just sat around and did nothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I was very restless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I felt I was no good any more | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I cried a lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I found it hard to think properly or concentrate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I hated myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I was a bad person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I felt lonely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I thought nobody really loved me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I thought I could never be as good as other kids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I did everything wrong | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Short Mood and Feelings Questionnaire

This form is about how your child may have been feeling or acting recently.

For each question, please check how much she or he has felt or acted this way *in the past two weeks*.

If a sentence was true about your child most of the time, check **True**.

If it was only sometimes true, check **Sometimes**.

If a sentence was not true about your child, check **Not True**.

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

Scoring the SMFQ

Note: the SMFQ has been validated for use in children age 6 years and up.

The SMFQ should not be used to make a definitive diagnosis of depression. It has usefulness as a screening tool for situations where depression is suspected, and as an aid toward following a child's symptom severity and treatment response over time.

Scoring:

Assign a numerical value to each answer as follows:

Not true = 0

Sometimes = 1

True = 2

Add up the assigned values for all 13 questions. Record the total score.

A total score on the child version of the SMFQ of 8 or more is considered significant.

Sensitivity of 60% and specificity of 85% for major depression at a cut off score of 8 or higher. Source is Angold A, Costello EJ, Messer SC. "Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents." *International Journal of Methods in Psychiatric Research* (1995), 5:237-249.

Sensitivity/specificity statistics of the parent version is not reported in the literature. If your patient does not complete the child version of SMFQ, repeated administration of the parent version over time should still be useful for symptom tracking.