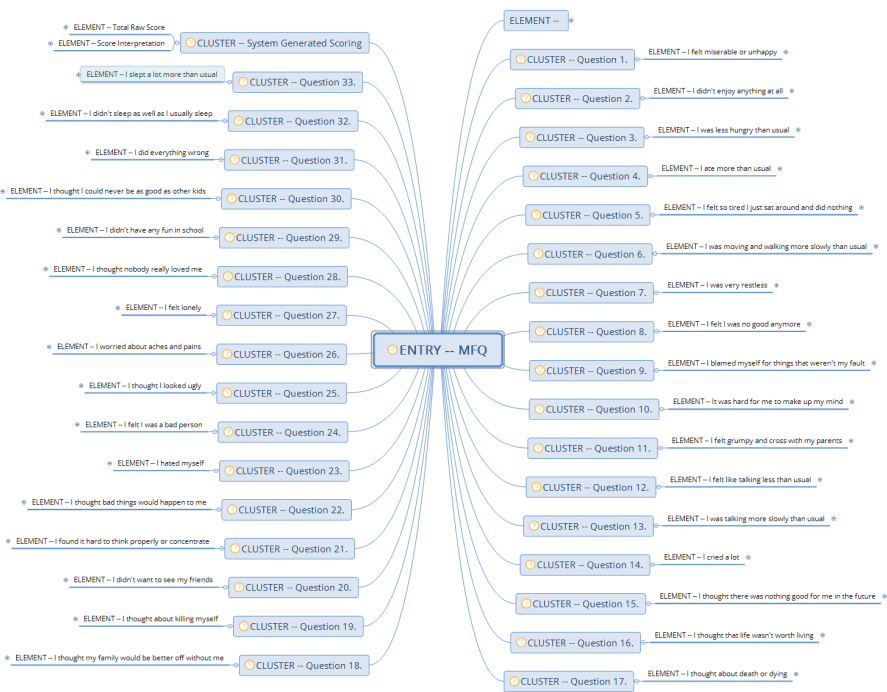


# Mood and Feelings Questionnaire (MFQ) - Child Self-Report (Long)

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	MFQ Child-SR-Long
Clinical Area(s)	Psychology
Description of Use	Measure core depressive symptomology in children and adolescents aged 6- 17 years old
Availability	Yes, full access in Explorer Online
Explorer Online Screenshot	<div><div>MFQ</div><div><div>Instructions: This form is about how you might have been feeling or acting <b>recently</b>.</div><div>For each question, please indicate how you have been feeling or acting <b>in the past two weeks</b>.</div><div>If a sentence was not true about you, select "NOT TRUE".</div><div>If a sentence was only sometimes true, select "SOMETIMES".</div><div>If a sentence was true about you most of the time, select "TRUE".</div></div><div><div>QUESTION 1.</div><div>I FELT MISERABLE OR UNHAPPY</div><div></div></div><div><div>QUESTION 2.</div><div>I DIDN'T ENJOY ANYTHING AT ALL</div><div></div></div><div><div>QUESTION 3.</div><div>I WAS LESS HUNGRY THAN USUAL</div><div></div></div><div><div>QUESTION 4.</div><div>I ATE MORE THAN USUAL</div><div></div></div><div><div>QUESTION 5.</div><div>I FELT SO TIRED I JUST SAT AROUND AND DID NOTHING</div><div></div></div><div><div>QUESTION 6.</div><div>I WAS MOVING AND WALKING MORE SLOWLY THAN USUAL</div><div></div></div><div><div>QUESTION 7.</div><div></div><div></div></div></div>
Report Preview	<div><div><div>Mrs Patient Marie TEST</div><div>Form ID: 1000 (11p) (order FormID 11p - at the time of observation)</div></div><div><div>Address: 12 Demo Street PH800XHYD0RE QLD 4008</div><div>Phone: (07) 54566908</div><div>Medicare No: 460988037171</div></div><div><div>Specimen: Lab No: 000C1186-20CA-4BC4-AAF6-10FAHCE70007</div><div>Received Date: 1/09/2022 11:53 AM</div><div>Effective Date: 1/09/2022 11:53 AM</div><div>Generated Date: 1/09/2022 11:53 AM</div></div></div> <div><div>Mood and Feelings Questionnaire (11 DAY)</div><div>&lt;br&gt;Instructions: This form is about how you might have been feeling or acting recently.&lt;br&gt;&lt;br&gt;For each question, please indicate how you have been feeling or acting in the past two weeks.&lt;br&gt;&lt;br&gt;If a sentence was not true about you, select "NOT TRUE".&lt;br&gt;If a sentence was only sometimes true, select "SOMETIMES".&lt;br&gt;If a sentence was true about you most of the time, select "TRUE".&lt;br&gt;&lt;br&gt;QUESTION 1.&lt;br&gt;I felt miserable or unhappy&lt;br&gt;NOT TRUE&lt;br&gt;QUESTION 2.&lt;br&gt;I didn't enjoy anything at all&lt;br&gt;TRUE&lt;br&gt;QUESTION 3.&lt;br&gt;I was less hungry than usual&lt;br&gt;SOMETIMES&lt;br&gt;QUESTION 4.&lt;br&gt;I ate more than usual&lt;br&gt;SOMETIMES&lt;br&gt;QUESTION 5.&lt;br&gt;I felt so tired I just sat around and did nothing&lt;br&gt;NOT TRUE&lt;br&gt;QUESTION 6.&lt;br&gt;I was moving and walking more slowly than usual&lt;br&gt;TRUE&lt;br&gt;QUESTION 7.&lt;br&gt;I was very restless&lt;br&gt;SOMETIMES&lt;br&gt;QUESTION 8.&lt;br&gt;I felt I was no good anymore&lt;br&gt;NOT TRUE</div></div>

Mind Map



Excel File/Structure

CEN.MFQ\_Child-SR-Long.v1.xlsx

Editor Screenshot

CEN.MFQ\_Child-SR-Long.v1

- Description
- Uses 0 Archetype(s)
- Definition
- ENTRY -- MFQ
  - ELEMENT --
    - CLUSTER -- Question 1.
    - CLUSTER -- Question 2.
    - CLUSTER -- Question 3.
    - CLUSTER -- Question 4.
    - CLUSTER -- Question 5.
    - CLUSTER -- Question 6.
    - CLUSTER -- Question 7.
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    - CLUSTER -- Question 30.
    - CLUSTER -- Question 31.
    - CLUSTER -- Question 32.
    - CLUSTER -- Question 33.
    - CLUSTER -- System Generated Scoring