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# Mood and Feelings Questionnaire (MFQ)

33-item self-report measure for 8–18-year-olds

The Mood and Feelings Questionnaire (MFQ) is a 33-item self-report measure designed to assess depression in children and young people aged 8–18 years. This original version of the measure includes items indicating how much individuals have felt or acted depressed during the past two weeks.

Psychometric features	Internal consistency	Test-retest reliability	Validity	Sensitivity to change
	✓	✓	✓	✓
Implementation features	Brevity	Availability	Ease of Scoring	Used in the UK
	✓	✓	✓	✓

\*Please note that our assessment of this measure is based solely on the English version of the 33-item self-report measure. The other versions of this measure were not assessed and therefore it should not be assumed that they would receive the same rating.

## What is this document?

This assessment of the Mood and Feelings Questionnaire (MFQ) has been produced by the Early Intervention Foundation (EIF) as part of guidance on selecting measures relating to parental conflict and its impact on children. To read the full guidance report and download assessments of other measures, visit: <https://www.elf.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes>



Some of the MFQ items contain sensitive content (for instance 'thought about death or dying', 'thought family would be better off without self', 'thought life was not worth living' and 'thought about killing self'). If an individual raises issues around self-harm, suicide or related issues, they should either be referred to the relevant mental health services or the appropriate safeguarding procedures should be put in place.

## About the measure

 <p><b>Author(s)/ developer(s)</b> Angold, A., Costello, E.J., Pickles, A., &amp; Winder, F</p>	 <p><b>Publication year for the original version of the measure</b></p> <p>1987</p>	 <p><b>Publication year for the version of the measure assessed</b></p> <p>1995</p>	 <p><b>Type of measure</b></p> <p>Child self-report.</p>
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**Versions available** There are five other versions of this measure available: a 34-item parent report version, a short 13-item child self-report version, an equivalent parent report version, as well as a long and short adult self-report version.

**Outcome(s) assessed** This measure has been designed to assess depression in children and youth.

**Subscales** The developers did not provide subscales. However, in a recent paper not by the developers, Hammerton et al. (2014) proposes a child-rated suicide-related ideation composite score, which can be computed from the following items: 'thought about death or dying', 'thought family would be better off without self', 'thought life was not worth living' and 'thought about killing self'.

**Purpose/primary use** This measure was originally developed to assess symptoms of depression in children and adolescents, of clinical and general population samples.

**Mode of administration** This measure can be completed in person.

**Example item** 'I felt miserable or unhappy.'

**Target population** This measure was originally developed for children aged 8–18 years.

**Response format** 3-point Likert scale (0 = 'Not True', 1 = 'Sometimes True', 2 = 'True').

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**Strengths & limitations****Strengths:**

- The MFQ is a valid and reliable measure which is sensitive to change in short interventions.
- It is free to access and easy to score (the measure is available at <https://devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/>, and is scored by summing together the point value responses of each item).

**Limitations:**

- According to our review, it does not appear that the MFQ has UK cut-off scores.

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**Link**

<https://devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/>

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**Copyright**

The developers ask that any published work using the MFQ should cite the authors.

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**Key reference(s)**

Angold, A., Costello, E.J., Pickles, A., & Winder, F. (1987). The development of a questionnaire for use in epidemiological studies of depression in children and adolescents. London: Medical Research Council Child Psychiatry Unit (unpublished).

Angold, A., Costello, E.J., Messer, S.C., Pickles, A., Winder, F., & Silver, D. (1995). The development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. *International Journal of Methods in Psychiatric Research*, 5, 237–249.

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# Psychometric features in detail

## Internal consistency



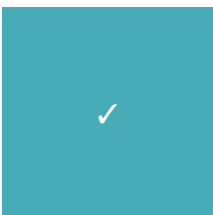
We found a number of papers (Daviss et al., 2006, Thabrew et al., 2018, Wood et al., 1995) reporting good internal consistency for the MFQ, with Cronbach's alpha values ranging from 0.91 to 0.95.

Wood et al. (1995) examined the 32-item child version of the MFQ in a clinical sample and reported a Cronbach's alpha coefficient of 0.94 for the whole measure. This study was conducted with a sample of 104 adolescents (43 boys and 61 girls), aged between 10–19 years (mean age 13.7 years, SD 1.9), who had been referred to an outpatient psychiatric clinic in a university department in the UK.

Thabrew et al. (2018) analysed the internal consistency of the whole measure and reported Cronbach's alpha coefficients between 0.91 and 0.93. This study was conducted with a sample of 183 help-seeking adolescents, aged 12 to 19 years, who presented to primary care youth clinics, general practices, and school-based counselling in New Zealand.

Daviss et al. (2006) analysed the MFQ in a sample of research subjects and clinic patients aged between 7–18 years assessed at a child and adolescent psychiatry centre. The authors reported that the Cronbach's alpha coefficient for the whole measure was 0.95. This study was conducted with a sample of 470 children and assessed at a university-based child and adolescent psychiatry centre in the US.

## Test-retest reliability



Daviss et al. (2006) reported that, for the youth taking part in the clinic study and whose depressive symptoms were re-rated one month after their diagnostic assessment (N = 63), the intraclass correlation coefficient score was 0.80 ( $p < 0.0001$ ).

The developers (Costello & Angold, 1988) reported a test-retest score of 0.72 for the whole measure when tested within a one-week interval (information retrieved from <http://measures.earlyadolescence.org/psychometrics/view/50/>)

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## Validity



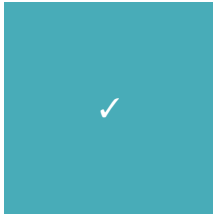
Thabrew et al. (2018) assessed the validity of the measure by examining the correlations between the MFQ and the clinician-rated Children's Depression Rating Scale-Revised (CDRS-R), and between the MFQ and the Reynolds Adolescent Depression Scale, 2nd Edition (RADS-2). The authors reported that the Pearson correlation coefficients between MFQ and CDRS-R were between 0.66 and 0.71 ( $p < 0.001$ ). The authors also reported that the Pearson correlation coefficients between MFQ and RADS-2 were between 0.83 and 0.85 ( $p < 0.001$ ). This study was conducted with a sample of 183 help-seeking adolescents, aged 12–19 years, who presented to primary care youth clinics, general practices, and school-based counselling in New Zealand. Thabrew et al. (2018) also assessed the responsiveness of this measure by examining the agreement between the MFQ and the Children's Depression Rating Scale-Revised (CDRS-R) for change in diagnosis from baseline to post-treatment. Thabrew and colleagues examined the correlations between the MFQ and CDRS-R in change scores, and compared the treatment group effect sizes of the MFQ and CDRS-R.

The authors reported that the agreement of the MFQ with the CDRS-R for change in diagnosis of likely depression was 64.4%. The MFQ and CDRS-R change scores were strongly correlated, with a Pearson coefficient of 0.64 ( $p < 0.001$ ). The MFQ had a treatment group effect size for change in depressive symptom scores of 0.19, while the CDRS-R had a treatment group effect size for change in depressive symptom scores of 0.28, suggesting that the CDRS-R may be more sensitive.

Daviss et al. (2006) compared the performance of the Beck Depression Inventory (BDI) and MFQ in the same sample and reported that the two measures performed equivalently (in both cases  $AUC = 0.78$ ,  $SE = 0.05$ ).

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**Sensitivity to change**

This measure assesses depression in the past two weeks and there is evidence to suggest that the MFQ can detect changes after participation in short cognitive behavioural interventions.

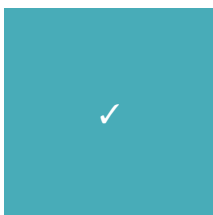
Jensen et al. (2013) reported that the MFQ detected changes between pre-test and follow-up (MFQ Raw Score (Est) = 7.00,  $p < 0.006$ ). This study was an RCT carried out in Norway on the Trauma-Focused Cognitive Behavioural Therapy programme (12 to 15 weekly sessions). The sample in this study was drawn from 156 parent–child dyads with the aim of the programme to help parents and children learn cognitive management strategies for dealing with the negative emotions and beliefs stemming from distressing/abusive experiences. Children in this study ranged from ages 10–18 with a mean age of 15.1, 73.7% were female and 60.9% lived in single parent households.

Wright et al. (2017) also reported that the MFQ was sensitive to change between pre-test and follow-up (MFQ: Mean score change (SD) = -6.7 (15.5),  $n = 23$ ). This study was an RCT conducted in the UK aiming to assess the impact of a Computer-administered cognitive–behavioural therapy (CCBT, eight sessions of 30–45 minutes, follow up was conducted four months after the end of the intervention). This study was conducted with a sample of 91 adolescents aged between 12–18 who were experiencing low moods and depression. Around two thirds of the sample reported previously being bullied while half reported occasionally drinking alcohol and a third having previously had counselling in the year leading up to the intervention.

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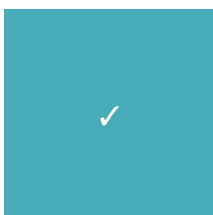
## Implementation features in detail

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**Brevity**

This measure has 33 items and can be completed in less than 15 minutes.

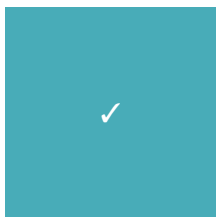
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**Availability**

This measure is free to use and does not require a clinical license. Further details can be found at <https://devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/>.

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**Ease of scoring**

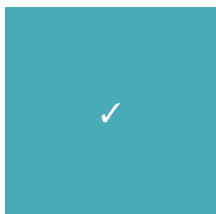
The MFQ has simple scoring instructions involving basic calculations. More precisely, the measure is scored by summing together the point value responses for each item. The measure does not need to be scored by someone with specific training or qualifications.

The resultant score ranges from 0 to 66, with higher scores indicating a possible presence of depression in the respondent.

There is no single cut-off point that can be used in all circumstances. The developers' letter (<https://devepi.duhs.duke.edu/files/2018/03/Dear-potential-MFQ-user.pdf>) presents information pertinent to the selection of MFQ cut-off points for use in different situations.

It is not clear if there is any information about the cut-offs of the CBCL for the UK population, there are, however, cut-offs for the US population.

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**Used in the UK**

This measure has been used to assess at least five programmes in the UK: 'DISCOVER' (Michelson et al., 2016), a programme based on the mobile application BlueIce (Stallard, Porter, & Grist, 2018), the Mindfulness-Based Cognitive Therapy (MBCT) (Ames et al., 2014), the Computer-administered cognitive-behavioural therapy (CCBT) (Wright et al., 2017), the Group Therapy for Repeated Deliberate Self-Harm in Adolescents (Wood et al., 2001).

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**Language(s)**

The MFQ is available in English. According to the official website, the measure has also been translated into the following languages: Arabic-Modern Standard, Arabic-Iraq, Filipino, Finnish, German, Norwegian, Portuguese and Spanish. Further information can be found at: <https://devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/>.

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# References

- Ames, C.S., Richardson, J., Payne, S., Smith, P., & Leigh, E. (2014). Mindfulness-based cognitive therapy for depression in adolescents. *Child and Adolescent Mental Health, 19*(1), 74–78.
- Angold, A., Costello, E.J., Pickles, A., & Winder, F. (1987). The development of a questionnaire for use in epidemiological studies of depression in children and adolescents. London: Medical Research Council Child Psychiatry Unit (unpublished).
- Angold, A., Costello, E. J., Messer, S. C., Pickles, A., Winder, F., & Silver, D. (1995) The development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. *International Journal of Methods in Psychiatric Research, 5*, 237–249.
- Banh, M.K., Crane, P.K., Rhew, I., Gudmundsen, G., Vander Stoep, A., Lyon, A., & McCauley, E. (2012). Measurement equivalence across racial/ethnic groups of the mood and feelings questionnaire for childhood depression. *Journal of Abnormal Child Psychology, 40*(3), 353–367.
- Costello, E.J., & Angold, A. (1988). Scales to assess child and adolescent depression: Checklists, screens, and nets. *Journal of the American Academy of Child & Adolescent Psychiatry, 27*(6), 726–737.
- Daviss, W., Birmaher, B., Melhem, N.A., Axelson, D.A., Michaels, S.M., & Brent, D.A. (2006). Criterion validity of the Mood and Feelings Questionnaire for depressive episodes in clinic and non-clinic subjects. *Journal of Child Psychology and Psychiatry, and Allied Disciplines, 47*(9), 927–34.
- Hammerton, G., Zammit, S., Potter, R., Thapar, A., & Collishaw, S. (2014). Validation of a composite of suicide items from the Mood and Feelings Questionnaire (MFQ) in offspring of recurrently depressed parents. *Psychiatry Research, 216*(1), 82–88.
- Jensen, T.K., Holt, T., Ormhaug, S.M., Egeland, K., Granly, L., Hoaas, L.C., & Wentzel-Larsen, T. (2014). A randomized effectiveness study comparing trauma-focused cognitive behavioral therapy with therapy as usual for youth. *Journal of Clinical Child & Adolescent Psychology, 43*(3), 356–369.
- Kent, L., Vostanis, P., & Feehan, C. (1997). Detection of major and minor depression in children and adolescents: Evaluation of the Mood and Feelings Questionnaire. *Journal of Child Psychology and Psychiatry, 38*(5), 565–573.
- Messer, S.C., Angold, A., Costello, E.J., Loeber, R., Van Kammen, W., & Stouthamer-Loeber, M. (1995). Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents: Factor composition and structure across development. *International Journal of Methods in Psychiatric Research, 5*, 251–262.
- Michelson, D., Sclare, I., Stahl, D., Morant, N., Bonin, E.M., & Brown, J.S. (2016). Early intervention for depression and anxiety in 16–18-year-olds: Protocol for a feasibility cluster randomised controlled trial of open-access psychological workshops in schools (DISCOVER). *Contemporary Clinical Trials, 48*, 52–58.
- Thabrew, H., Stasiak, K., Bavin, L.M., Frampton, C., & Merry, S. (2018). Validation of the Mood and Feelings Questionnaire (MFQ) and Short Mood and Feelings Questionnaire (SMFQ) in New Zealand help-seeking adolescents. *International Journal of Methods in Psychiatric Research, 27*(3), e1610.
- Stallard, P., Porter, J., & Grist, R. (2018). A smartphone app (BlueIce) for young people who self-harm: Open phase 1 pre-post trial. *JMIR mHealth and uHealth, 6*(1), e32.
- Wood, A., Kroll, L., Moore, A., & Harrington, R. (1995). Properties of the mood and feelings questionnaire in adolescent psychiatric outpatients: a research note. *Journal of Child Psychology and Psychiatry, 36*(2), 327–334.
- Wood, A., Trainor, G., Rothwell, J., Moore, A.N.N., & Harrington, R. (2001). Randomized trial of group therapy for repeated deliberate self-harm in adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(11), 1246–1253.
- Wright, B., Tindall, L., Littlewood, E., Allgar, V., Abeles, P., Trépel, D., & Ali, S. (2017). Computerised cognitive-behavioural therapy for depression in adolescents: Feasibility results and 4-month outcomes of a UK randomised controlled trial. *BMJ open, 7*(1), e012834.

