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A Review of the Short Mood and Feelings Questionnaire (MFQ): Clinical Utility, Normative Data and Interpretive Guidelines

The Short Mood and Feelings Questionnaire (MFQ-Self) is a 13-item self-report measure designed to assess depressive symptoms in children and adolescents aged 6 to 17 years. This technical review presents normative data from community and clinical populations, along with interpretive guidelines and established cut-off scores, to help clinicians better understand and utilise the assessment in practice.

Click to view information on the MFQ

October 2025

Developer & Author

The Short Mood and Feelings Questionnaire (MFQ-Self) was developed by Angold and colleagues (1995):

> 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.

This document was developed to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The Mood and Feelings Questionnaire - Self Report (Short Version) (MFQ-Self) is a 13-item self-report measure developed to assess core depressive symptoms in children and adolescents aged 6 to 17 years over the past two weeks (Angold et al., 1995). It was created as an abbreviated version of the 33-item Mood and Feelings Questionnaire to provide a brief, psychometrically sound instrument suitable for clinical screening. The MFQ-Self has been recommended by the National Institute for Health and Clinical Excellence (NICE) guidelines as a screening tool for childhood and adolescent depression (Middleton et al., 2005). In addition to the self-report version a parallel parent-report version is also available. Using both versions together can give a clearer picture of the youth's symptoms at home and in daily life.

While the MFQ-Self is commonly referred to as the Short Mood and Feelings Questionnaire (SMFQ) in the literature, NovoPsych uses the abbreviated name, MFQ-Self, throughout this report. The MFQ-Self was designed based on DSM diagnostic classifications, with items selected according to their correlations with the full MFQ-Self total scores, factor loadings, and associations with clinical status and depression diagnosis (Angold et al., 1995). While there are no subscales, items assess a range of cognitive and affective components of depressive symptoms, including negative self-evaluation, low mood, and anhedonia, whilst also capturing symptoms of tiredness, restlessness, and poor concentration (Sharp et al., 2006; Thabrew et al., 2018; Turner et al., 2014).

Depression is a significant public health concern amongst young people, affecting up to one in five youth before reaching 18 years of age (Lewinsohn et al., 1993). Youth-onset depression is particularly concerning due to its association with poorer educational attainment, impaired interpersonal relationships, increased risk of recurrence in adulthood, and elevated rates of suicidality (Copeland et al., 2009; Hammen et al., 2008). The MFQ-Self addresses a critical need for efficient depression screening in clinical and research settings, as comprehensive diagnostic interviews are time-intensive and may not be feasible for large-scale screening programmes.

TheMFQ-Self can be used to aid clinicians in multiple ways within comprehensive mental health care, including initial screening to identify youth who require diagnostic evaluation and further assessment. It also serves as a valuable tool for tracking symptom changes during treatment, with research demonstrating sensitivity to therapeutic interventions (Thabrew et al., 2018). The MFQ-Self can also support treatment planning by providing a quantifiable baseline of symptom severity and by identifying specific symptom domains warranting clinical attention. For instance, elevated scores on items assessing concentration difficulties and tiredness may suggest the need for psychoeducation about sleep hygiene, whilst high scores on items related to negative self-evaluation may indicate that cognitive restructuring would be beneficial. Additionally, the MFQ-Self can identify depression in young people who may have difficulty verbally articulating their internal experiences, as the structured format and concrete response options make the assessment more accessible than open-ended clinical interviews for some youth.

Psychometric Properties

The MFQ-Self demonstrates strong construct validity through multiple lines of evidence. The scale shows robust convergent validity with other measures of depression and related constructs. The scale has been observed to be strongly correlated with the Children's Depression Rating Scale-Revised (CDRS-R; r = .66 to .71) and the Reynolds Adolescent Depression Scale-2 (RADS-2; r = .83 to .85) across multiple time points (Thabrew et al., 2018). The scale also demonstrates moderate to strong correlations with theoretically related constructs, including anxiety (r = .57- .62) and quality of life (r = -.73--.77) (Thabrew et al., 2018). Research examining associations with external validators found significant correlations with psychotic symptoms (r = .16-.34), anxiety symptoms (r = .16-.72), life events (r = .10-.23), and self-rated health (r = .13-.40), supporting the scale's ability to capture clinically meaningful variation in depressive symptomatology (Schlechter et al., 2023).

The MFQ-Self exhibits excellent internal consistency across diverse samples and age groups. Cronbach's alpha coefficients consistently fall within the good to excellent range, including α = .88 to .89 in New Zealand help-seeking adolescents (Thabrew et al., 2018), α = .84 in a community sample of 11-13 year olds (Rhew et al., 2010), α = .92 in

young adults aged 25 years (Eyre et al., 2021), and α = .80 to .91 in various samples aged 6 to 17 years (Angold et al., 1995).

The MFQ-Self has been extensively validated as a unidimensional measure. Confirmatory factor analyses consistently support a single-factor structure across development from early adolescence through emerging adulthood (Thabrew et al., 2018; Turner et al., 2014). Research examining measurement invariance found that the MFQ-Self displays strict factor invariance from ages 14 to 26 years, indicating that the scale measures the same underlying depression construct consistently across this developmental period (Schlechter et al., 2023). The scale also demonstrates measurement invariance across sex at most ages studied, supporting its use for making valid comparisons between males and females. The robust unidimensional structure provides strong justification for using sum scores in clinical contexts (Schlechter et al., 2023).

Criterion validity has been established through numerous studies examining the MFQ-Self's ability to discriminate between depressed and non-depressed youth. Across samples aged 6 to 17 years, the scale demonstrates acceptable to good sensitivity ranging from .60 to .86, specificity from .61 to .87, and discrimination ability with area under the curve (AUC) values of .72 to .84 when compared against structured clinical interviews (Angold et al., 1995; Rhew et al., 2010; Thabrew et al., 2018). In a large community sample of 25-year-olds, the MFQ-Self achieved high accuracy for discriminating major depressive disorder cases from non-cases with an AUC of .92 (Eyre et al., 2021). The scale also demonstrates sensitivity to change following treatment, with strong correlations between MFQ-Self change scores and clinician-rated change in depression severity (r = .64) and comparable effect sizes to established depression measures (Thabrew et al., 2018).

Normative data for the MFQ-Self have been reported across multiple samples. The most comprehensive community normative data come from Schlechter et al. (2023), who examined the MFQ-Self in a large epidemiological sample (N = 6,019) from the Avon Longitudinal Study of Parents and Children. At Wave 3 (mean age 13 years), the community sample demonstrated a mean total score of 4.92 (SD = 4.49). Thabrew et al. (2017) provided normative data from a clinical sample of New Zealand help-seeking adolescents (N = 186, mean age 15.6 years) with a mean total score of 12.1 (SD = 6.0). These samples provide valuable comparison groups for interpreting scores.

The establishment of cut-off scores for the MFQ-Self has received considerable attention in the literature. Angold et al. (1995), established a cut-off of 8 or above to indicate clinically significant depressive symptoms. More recently, Thabrew et al. (2017) conducted receiver operating characteristic analyses in their help-seeking adolescent sample, favouring sensitivity over specificity to ensure identification of youth requiring further assessment. They identified an optimal cut-off value of 12 or above, which yielded sensitivity of 84.2% and specificity of 68.2%, with an AUC of .86. This higher cut-off represents a score at the 94th percentile of community samples and provides a threshold for a higher category of symptom severity that can be used alongside the cut off specified by Angold et al. (1995). Other studies suggested varying cut-offs, such as a score of 4 (Rhew et al., 2010), however, this yielded poor specificity. For the purposes of aiding in clinical interpretation, both the original cut-off of 8 and the heightened cut-off of 12 provide useful anchoring points for understanding depression severity.

In consideration of the standard and heightened cut-offs, and with respect to the clinical and community normative data, severity category interpretation guidelines are provided here:

- 0-7: Total scores below 8 fall within the range typically observed in community samples and indicate minimal to no clinically significant depression.
- 8-11: Total scores of 8 to 11 indicate the presence of clinically significant depressive symptoms that sit at the 75th percentile compared to a community sample, and the 25th percentile of a clinical sample.
- 12+: Total scores of 12 and above represent a higher severity category at approximately the 95th percentile in community samples and the 50th percentile in clinical samples. This severity category comes from a threshold identified by Thabrew et al. (2018) in adolescent samples (ranging 11-19 years old), optimally distinguished young people meeting diagnostic criteria for a depressive disorder from those with subthreshold symptoms.

The 12+ category identified by Thabrew et al (2018) and presented here as an indicator of heightened severity, has only been validated in adolescents aged 11-19 years and so should be interpreted with caution when used with younger children aged 6-10 years.

Scoring & Interpretation

Each of the 13 MFQ-Self items are scored 0 (not true), 1 (sometimes), or 2 (true), reflecting the frequency of depressive symptoms experienced over the past 2 weeks. The sum of responses to all items produces a total score ranging from 0 to 26. Higher scores indicate greater severity of depressive symptoms.

Based on empirical research and established cut-off values, scores can be interpreted using three severity categories.

- Minimal: 0-7: Total scores below 8 fall within the range typically observed in community samples and indicate minimal to no clinically significant depression.
- Elevated: 8-11: Total scores of 8 to 11 indicate the presence of clinically significant depressive symptoms that sit at the 75th percentile compared to a community sample, and the 25th percentile of a clinical sample.
- Severe: 12+: Total scores of 12 and above represent a higher severity category at approximately the 95th percentile in community samples and the 50th percentile in clinical samples. This severity category comes from a threshold identified by Thabrew et al. (2018) in adolescent samples (ranging 11-19 years old), optimally distinguished young people meeting diagnostic criteria for a depressive disorder from those with subthreshold symptoms.

The MFQ-Self can be used for monitoring symptom changes over time during treatment. Research examining meaningful score changes suggests a 2-point change in either direction represents a noticeable shift in symptom severity.

On first administration, a bar graph displaying the total raw score is presented. A comparison graph is also displayed showing the client's score relative to community data from Schlechter et al. (2023) and clinical data from Thabrew et al. (2018). When the assessment is administered multiple times, a longitudinal line graph is generated to track changes in the total raw score over time.

Supporting Information

Percentile Calculations

The MFQ-Self comparison groups are derived from two key studies that provide community and clinical reference data for interpreting scores. The community comparison group was derived from Schlechter et al. (2023), who examined the MFQ-Self in a large epidemiological sample (N = 6,019, mean age 13.4, SD = 0.62) from the Avon Longitudinal Study of Parents and Children in the United Kingdom. This sample had a mean total score of 4.92 (SD = 4.49).

The clinical comparison group was derived from Thabrew et al. (2017), who validated the MFQ-Self in a sample of New Zealand help-seeking adolescents (N = 186, mean age 15.6 years, SD = 1.59). This treatment-seeking sample had a mean total score of 12.1 (SD = 6.0) and included adolescents presenting to primary care youth clinics, general practices, and school-based counselling services.

For each comparison group, the mean and standard deviation provide context for understanding where an individual client's score falls relative to community and treatment-seeking populations:

For each possible total score value (ranging from 0 to 26), the corresponding z-score was calculated using the sample parameters:

$$z = (X - 12.1) / 6.0 \quad \text{OR} \quad z = (X - 4.92) / 4.49$$

where X is the total score. These z-scores were then converted to percentiles using the cumulative normal distribution function:

$$\text{percentile} = \Phi(z) \times 100$$

where Φ is the standard normal cumulative distribution function.

Percentile Tables

Table 1. Total Score Percentile Distributions for the Community and Clinical Comparison Groups.

Total		
Raw Score	Community	Clinical
0	14	2
1	19	3
2	26	5
3	33	6
4	42	9
5	51	12
6	60	15
7	68	20
8	75	25
9	82	30
10	87	36
11	91	43
12	94	49
13	96	56
14	98	62
15	99	69
16	99	74
17	99	79
18	99	84
19	99	87
20	99	91
21	99	93
22	99	95
23	99	97
24	99	98
25	99	98
26	99	99

Interpretive Text

The interpretive report for the MFQ-Self is constructed from several components that are conditionally displayed based on the client's scores and assessment history. The report follows a structured format designed to provide clinicians with meaningful insights into the client's depressive symptom profile.

Initial vs. Repeat Administration

If this is the first administration, the report begins with:

"The Short Mood and Feelings Questionnaire (MFQ-Self) was administered on [date]."

If the client has completed the MFQ-Self previously, the report begins with a comparison of current results to previous scores based on the minimally important difference (MID = 2 points):

"The Short Mood and Feelings Questionnaire (MFQ-Self) was administered on [current date]. Since the client completed the initial MFQ-Self on [initial date] ([days] days ago), the client's total score has [change description]."

Total Score Interpretation

The report always includes an interpretation of the total MFQ-Self score:

"The client obtained a total score of [score] out of a possible 26. [Interpretation based on descriptor]."

The interpretation text varies based on the severity categories:

Minimal (raw score 0-7):

"This indicates minimal depressive symptoms. The client reports few symptoms of depression, suggesting that depression is not a current clinical concern. Scores in this range are typical of young people in community samples who are not experiencing clinically significant depression. The client's responses suggest generally preserved mood and functioning, with minimal impact from depressive symptoms."

Elevated (raw score 8-11):

"This indicates elevated depressive symptoms. Young people scoring in this range are experiencing a notable level of depression that is likely impacting their emotional well-being and daily activities. Symptoms may include persistent low mood, reduced enjoyment in previously pleasurable activities, negative thoughts about themselves, and difficulties with concentration or energy.

<Top three highest scored items>

Severe (raw score 12 and above):

"This score indicates substantial depressive symptoms. Young people scoring in this range typically experience pervasive and persistent symptoms across multiple domains, including marked low mood, pronounced negative self-evaluation, anhedonia, and notable changes in sleep, appetite, or concentration. The severity and combination of symptoms at this level are likely causing impairment in social, academic, or family functioning."

<Top five highest scored items>

Note About Updated Norms

Note: The normative samples were updated on 24 October 2025. Percentile calculations for assessments before this date may differ from current percentiles shown in the results table. To recalculate percentiles, refer to the following guide.

Developer

Angold, A., Costello, E. J., Messer, S. C., & Pickles, A. (1995). Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. I*nternational Journal of Methods in Psychiatric Research, 5*(4), 237-249.

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Assessment Questions

NovoPsych

Mood and Feelings Questionnaire-Self Report (MFQ-Self)

Instructions:

These questions are 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.

		Not True	Sometimes	True
1	I felt miserable or unhappy.	**0**	**1**	**2**
2	I didn't enjoy anything at all.	**0**	**1**	**2**
3	I felt so tired I just sat around and did nothing.	**0**	**1**	**2**
4	I was very restless.	**0**	**1**	**2**
5	I felt I was no good anymore.	**0**	**1**	**2**
6	I cried a lot.	**0**	**1**	**2**
7	I found it hard to think properly or concentrate.	**0**	**1**	**2**
8	I hated myself.	**0**	**1**	**2**
9	I was a bad person.	**0**	**1**	**2**
10	I felt lonely.	**0**	**1**	**2**
11	I thought nobody really loved me.	**0**	**1**	**2**
12	I thought I could never be as good as other kids.	**0**	**1**	**2**
13	I did everything wrong.	**0**	**1**	**2**

Developer Reference:

Angold, A., Costello, E. J., Messer, S. C., & Pickles, A. (1995). Development of a short questionnaire for use

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in epidemiological studies of depression in children and adolescents. International Journal of Methods in Psychiatric Research, 5(4), 237-249.

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Sample Result

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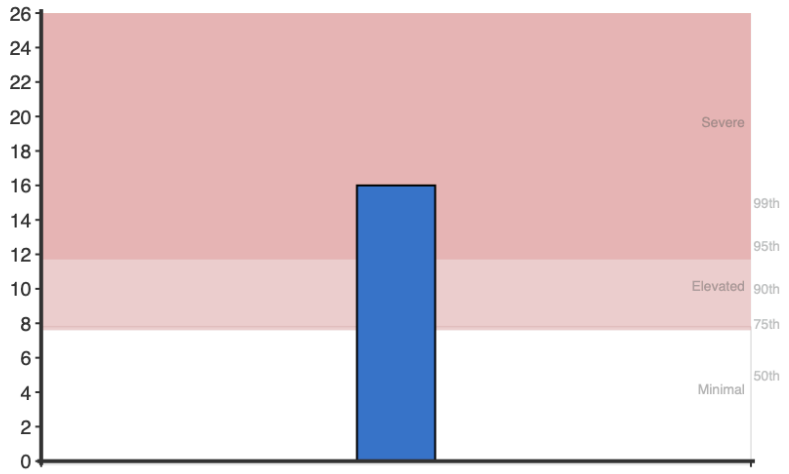
Mood and Feelings Questionnaire-Self Report (MFQ-Self)

Client Name	Generic Client	*Date administered*	3 Sep 2025
Date of birth (age)	1 Jan 1999 (26)	*Time taken*	10s
Assessor	Dr Emerson Bartholomew		

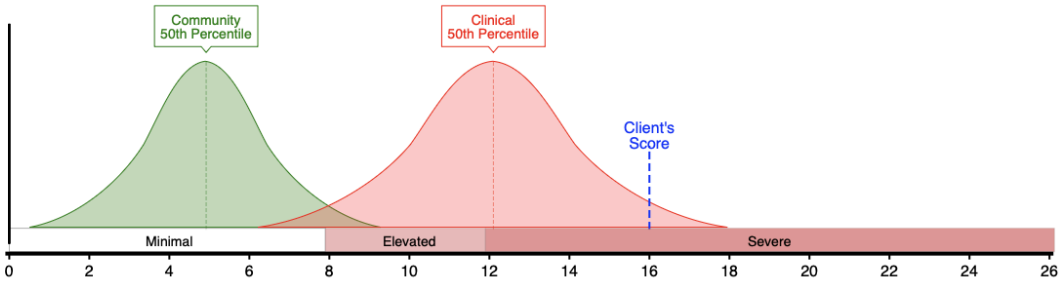
Results

	Score	Community Percentile	Clinical Percentile	Descriptor
Total (0-26)	16	99	74	Severe

MFQ-Self Total Score



Total Score in Relation to Comparison Groups



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Client Name	Generic Client

Interpretation

The Short Mood and Feelings Questionnaire (MFQ-self) was administered on 3 September 2025.

The client obtained a total score of 16 out of a possible 26. This indicates substantial depressive symptoms. Young people scoring in this range typically experience pervasive and persistent symptoms across multiple domains, including marked low mood, pronounced negative self-evaluation, anhedonia, and notable changes in sleep, appetite, or concentration. The severity and combination of symptoms at this level are likely causing impairment in social, academic, or family functioning.

Items with the highest ratings were:
- 1. I felt miserable or unhappy. (True)
- 2. I didn't enjoy anything at all. (True)
- 3. I felt so tired I just sat around and did nothing. (True)
- 5. I felt I was no good anymore. (True)
- 8. I hated myself. (True)

Scoring and Interpretation Information

Each of the 13 MFQ-Self items are scored 0 (not true), 1 (sometimes), or 2 (true), reflecting the frequency of depressive symptoms experienced over the past 2 weeks. The sum of responses to all items produces a total score ranging from 0 to 26. Higher scores indicate greater severity of depressive symptoms.

Based on empirical research and established cut-off values, scores can be interpreted using three severity categories.
Minimal: 0-7: Total scores below 8 fall within the range typically observed in community samples and indicate minimal to no clinically significant depression.

Elevated: 8-11: Total scores of 8 to 11 indicate the presence of clinically significant depressive symptoms that sit at the 75th percentile compared to a community sample, and the 25th percentile of a clinical sample.

Severe: 12+: Total scores of 12 and above represent a higher severity category at approximately the 95th percentile in community samples and the 50th percentile in clinical samples. This severity category comes from a threshold identified by Thabrew et al. (2018) in adolescent samples (ranging 11-19 years old), optimally distinguished young people meeting diagnostic criteria for a depressive disorder from those with subthreshold symptoms.

The MFQ-Self can be used for monitoring symptom changes over time during treatment. Research examining meaningful score changes suggests a 2-point change in either direction represents a noticeable shift in symptom severity.

On first administration, a bar graph displaying the total raw score is presented. A comparison graph is also displayed showing the client's score relative to community data from Schlechter et al. (2023) and clinical data from Thabrew et al. (2018). When the assessment is administered multiple times, a longitudinal line graph is generated to track changes in the total raw score over time.

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Client Name	Generic Client

Client Responses

		Not True	Sometimes	True
1	I felt miserable or unhappy.	0	1	**2**
2	I didn't enjoy anything at all.	0	1	**2**
3	I felt so tired I just sat around and did nothing.	0	1	**2**
4	I was very restless.	0	**1**	2
5	I felt I was no good anymore.	0	1	**2**
6	I cried a lot.	0	**1**	2
7	I found it hard to think properly or concentrate.	0	**1**	2
8	I hated myself.	0	1	**2**
9	I was a bad person.	0	**1**	2
10	I felt lonely.	**0**	1	2
11	I thought nobody really loved me.	0	**1**	2
12	I thought I could never be as good as other kids.	**0**	1	2
13	I did everything wrong.	0	**1**	2