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

The Short Mood and Feelings Questionnaire (MFQ-Parent) 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 to help clinicians better understand and utilise the assessment in practice.

Click to view information on the [MFQ-Parent](#)

October 2025

Developer & Author

The Short Mood and Feelings Questionnaire (MFQ-Parent) 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 and highlight updated normative data.

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Description

The Mood and Feelings Questionnaire - Parent Report (Short Version) (MFQ-Parent) is a 13-item parent-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-Parent 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 parent-report version, a parallel [self-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-Parent is commonly referred to as the Short Mood and Feelings Questionnaire - Parent (SMFQ-P) in the literature, NovoPsych uses the abbreviated name, MFQ-Parent, throughout this report. The MFQ-Parent was designed based on DSM diagnostic classifications (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 and increased risk of recurrence in adulthood (Copeland et al., 2009; Hammen et al., 2008). The MFQ-Parent 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.

The MFQ-Parent can be used to aid clinicians in multiple ways within comprehensive mental health care, including initial screening to identify youth who may 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-Parent 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.

Psychometric Properties

The MFQ-Parent demonstrates strong construct validity through multiple lines of evidence. The scale shows robust convergent validity with other measures of depression and related constructs. Strong correlations have been observed with measures of emotional symptoms and anxiety across multiple validation studies (Fernández-Martínez et al., 2020). Research examining associations with external validators found significant correlations with anxiety symptoms and emotional difficulties, supporting the scale's ability to capture clinically meaningful variation in depressive symptomatology.

The MFQ-Parent exhibits excellent internal consistency across diverse samples and age groups. Cronbach's alpha coefficients consistently fall within the good to excellent range, including $\alpha = .83$ in a community sample of 6-8 year olds (Fernández-Martínez et al., 2020) and $\alpha = .80$ to $.91$ in various samples aged 6 to 17 years (Angold et al., 1995). Test-retest reliability over an eight-week period has been demonstrated with an intraclass correlation coefficient of $.80$, indicating stable measurement of depressive symptoms over time (Fernández-Martínez et al., 2020).

The MFQ-Parent has been extensively validated as a unidimensional measure. Confirmatory factor analyses consistently support a single-factor structure across development, from early school age through adolescence

(Fernández-Martínez et al., 2020; Thabrew et al., 2018). The robust unidimensional structure provides strong justification for using sum scores in clinical contexts.

Criterion validity has been established through numerous studies examining the MFQ-Parent'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; Thapar & McGuffin, 1998). The scale also demonstrates sensitivity to change following treatment, making it a valuable tool for monitoring symptom changes over time during treatment.

Normative data for the MFQ-Parent have been reported across multiple samples. Community normative data are derived from Fernández-Martínez et al. (2020), who examined the MFQ-Parent in a Spanish community sample of children aged 6-8 years ($N = 181$). This sample demonstrated a mean total score of 4.59 ($SD = 4.27$). The clinical comparison group was derived from Rhew et al. (2010), who validated the MFQ-Parent in a sample of young adolescents ($N = 521$, mean age 11.5 years). The depressed subsample had a mean total score of 7.3 ($SD = 5.8$) and included youth meeting diagnostic criteria for depression. These samples provide valuable comparison groups for interpreting scores.

Thapar and McGuffin (1998) established a cut-off of 11 or above to indicate clinically significant depressive symptoms. This cut-off has demonstrated good sensitivity and specificity for identifying youth with depressive disorders and provides a useful threshold for understanding depression severity.

Scoring & Interpretation

Each of the 13 MFQ-Parent items are scored 0 (not true), 1 (sometimes), or 2 (true), reflecting the frequency of depressive symptoms observed in the child 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.

The established total cut-off score of 11 and above indicates the presence of significant depressive symptoms that warrant further evaluation. This threshold was established by Thapar and McGuffin (1998) and demonstrates good sensitivity and specificity for identifying youth with depressive disorders. The total score is also presented in comparison to a community sample of children (aged 6-8), and a clinical sample (aged 11-13) who met diagnostic criteria for depression.

The MFQ-Parent 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. 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-Parent 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 Fernández-Martínez et al. (2020), who examined the MFQ-Parent in a Spanish community sample of children aged 6-8 years (N = 181). This sample had a mean total score of 4.59 (SD = 4.27).

The clinical comparison group was derived from Rhew et al. (2010), who validated the MFQ-Parent in a school-based community sample of young adolescents (N = 521, mean age 11.5 years). The depressed subsample (N = 31) had a mean total score of 7.3 (SD = 5.8) and included youth meeting diagnostic criteria for depression based on structured clinical interviews.

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

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

$$z = (X - 7.3) / 5.8 \text{ OR } z = (X - 4.59) / 4.27$$

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 (Fernández-Martínez et al. 2020) and Clinical (Rhew et al. 2010) Comparison Groups.

Total		
Raw Score	Community	Clinical
0	14	10
1	20	14
2	27	18
3	35	23
4	45	28
5	54	35
6	63	41
7	71	48
8	79	55
9	85	62
10	90	68
11	93	74
12	96	79
13	98	84
14	99	88
15	99	91
16	99	93
17	99	95
18	99	97
19	99	98
20	99	99
21	99	99
22	99	99
23	99	99
24	99	99
25	99	99
26	99	99

Interpretive Text

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

Initial vs. Repeat Administration

If this is the first administration, the report begins with: "The Short Mood and Feelings Questionnaire (MFQ-Parent) was administered on [date]."

If the parent has completed the MFQ-Parent 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-Parent) was administered on [current date]. Since the parent completed the initial MFQ-Parent on [initial date] ([days] days ago), the child's total score has [change description]."

Total Score Interpretation

The report always includes an interpretation of the total MFQ-Parent score: "The parent rated their child with a total score of [score] out of a possible 26. [Interpretation based on descriptor]."

The interpretation text varies based on the severity categories:

Raw score 0-6:

"Scores in this range are typical of young people in community samples who are not experiencing clinically significant depression. The parent's responses suggest their child is demonstrating generally preserved mood and functioning, with minimal impact from depressive symptoms."

Raw score 7-10:

"While the parent has noted some symptoms, these remain below the threshold and suggest that depression may not be a current clinical concern. Scores in this range are still typical of young people in community samples. The parent's responses suggest their child is demonstrating generally preserved mood and functioning, with some mild symptoms that may be situational."

Elevated (raw score 11 and above):

"This indicates elevated depressive symptoms based on parent observation. Parents of young people scoring in this range are observing a notable level of depression that is likely impacting their child's emotional well-being and daily activities. Parents may notice persistent low mood, reduced enjoyment in previously pleasurable activities, negative thoughts or self-statements, difficulties with concentration or energy, increased tearfulness, or changes in their child's behaviour and engagement. This level of symptoms warrants further clinical evaluation to determine the appropriate level of support and intervention."

The following items were endorsed at the highest levels by the parent:

<Top five highest scored items if score 11+>

Note About Updated Norms

Note: The normative samples were updated on 29 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. *International Journal of Methods in Psychiatric Research*, 5(4), 237-249.

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Assessment Questions



NovoPsych

Mood and Feelings Questionnaire: Parent Report (MFQ-Parent)

Instructions:

These questions are about how your child might have been feeling or acting recently. For each question, please check how s/he has been feeling or acting in the past two weeks.

- If a sentence was not true about your child, check NOT TRUE.
- If a sentence was only sometimes true, check SOMETIMES.
- If a sentence was true about your child most of the time, check TRUE.

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

Developer Reference:

Angold, A., Costello, E. J., Messer, S. C., Pickles, A., Winder, F., & Silver, D. (1995). The development of a



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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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Sample Result

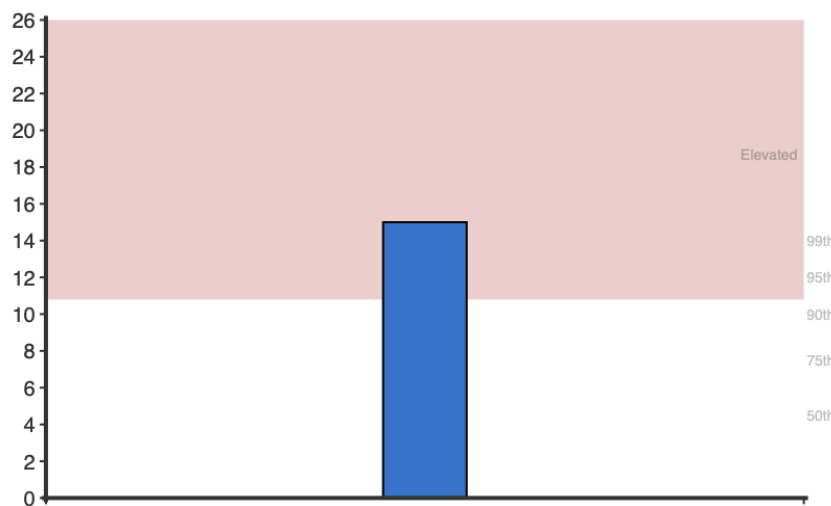
Mood and Feelings Questionnaire-Parent Report (MFQ-Parent)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	2 Oct 2025
<i>Date of birth (age)</i>	1 Jan 1999 (26)	<i>Time taken</i>	1 min 53s
<i>Assessor</i>	Dr Emerson Bartholomew		

Results

	Score	Community Percentile	Clinical Percentile	Descriptor
Total (0-26)	15	99	91	Elevated

MFQ-Parent Total Score





Client Name | Generic Client

Interpretation

The Short Mood and Feelings Questionnaire - Parent Report (MFQ-Parent) was administered on 2 October 2025.

The parent rated their child with a total score of 15 out of a possible 26. This indicates elevated depressive symptoms based on parent observation. Parents of young people scoring in this range are observing a notable level of depression that is likely impacting their child's emotional well-being and daily activities. Parents may notice persistent low mood, reduced enjoyment in previously pleasurable activities, negative thoughts or self-statements, difficulties with concentration or energy, increased tearfulness, or changes in their child's behaviour and engagement. This level of symptoms warrants further clinical evaluation to determine the appropriate level of support and intervention.

The following items were endorsed at the highest levels by the parent:

- 2. *They didn't enjoy anything at all. (True)*
- 5. *They felt they were no good anymore. (True)*
- 12. *They thought they could never be as good as other kids. (True)*
- 1. *They felt miserable or unhappy. (Sometimes)*
- 3. *They felt so tired that they just sat around and did nothing. (Sometimes)*

Scoring and Interpretation Information

Each of the 13 MFQ-Parent items are scored 0 (not true), 1 (sometimes), or 2 (true), reflecting the frequency of depressive symptoms observed in the child 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.

The established total cut-off score of 11 and above indicates the presence of significant depressive symptoms that warrant further evaluation. This threshold was established by Thapar and McGuffin (1998) and demonstrates good sensitivity and specificity for identifying youth with depressive disorders. The total score is also presented in comparison to a community sample of children (aged 6-8), and a clinical sample (aged 11-13) who met diagnostic criteria for depression.

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