



# Success Physical Therapy and Balance Center, Inc.

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## MOOD AND FEELINGS QUESTIONNAIRE: Short Version

This form is 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.

| To code, please us a checkmark (✓) for each statement   | Not True | Sometimes | True |
|---|----------|-----------|------|
| 1. I felt miserable or unhappy.                         |          |           |      |
| 2. I didn't enjoy anything at all.                      |          |           |      |
| 3. I felt so tired I just sat around and did nothing.   |          |           |      |
| 4. I was very restless.                                 |          |           |      |
| 5. I felt I was no good anymore.                        |          |           |      |
| 6. I cried a lot.                                       |          |           |      |
| 7. I found it hard to think properly or concentrate.    |          |           |      |
| 8. I hated myself.                                      |          |           |      |
| 9. I was a bad person.                                  |          |           |      |
| 10. I felt lonely.                                      |          |           |      |
| 11. I thought nobody really loved me.                   |          |           |      |
| 12. I thought I could never be as good as other people. |          |           |      |
| 13. I did everything wrong.                             |          |           |      |