Dear potential MFQ user.

The following publications present information pertinent to the selection of MFQ cutpoints for use in various circumstances. There is no single cutpoint that is best for use in all circumstances. This is true of all screening tests, whether psychiatric or general medical. As a result our group does not recommend any specific cutpoints for use with the MFQ. Rather it is up to users to decide what will be most useful in their particular circumstances.

Best wishes.
Adrian Angold.

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**Title:** The Short Mood and Feelings Questionnaire (SMFQ): A Unidimensional Item Response Theory and Categorical Data Factor Analysis of Self-Report Ratings from a Community Sample of 7-through 11-Year-Old Children. [References].

**Year of Publication:** 2006
**Author:** Sharp, Carla; Goodyer, Ian M; Croudace, Tim J.
**E-Mail Address:** Sharp, Carla: csharp@hnl.bcm.tmc.edu

**Abstract:** Item response theory (IRT) and categorical data factor analysis (CDFA) are complementary methods for the analysis of the psychometric properties of psychiatric measures that purport to measure latent constructs. These methods have been applied to relatively few child and adolescent measures. We provide the first combined IRT and CDFA analysis of a clinical measure (the Short Mood and Feelings Questionnaire--SMFQ) in a community sample of 7-through 11-year-old children. Both latent variable models supported the internal construct validity of a single underlying continuum of severity of depressive symptoms. SMFQ items discriminated well at the more severe end of the depressive latent trait. Item performance was not affected by age, although age correlated significantly with latent SMFQ scores suggesting that symptom severity increased within the age period of 7-11. These results extend existing psychometric studies of the SMFQ and confirm its scaling properties as a potential dimensional measure of symptom severity of childhood depression in community samples. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)

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**Title:** Criterion validity of the Mood and Feelings Questionnaire for depressive episodes in clinic and non-clinic subjects. [References].

**Year of Publication:** 2006
**Author:** Daviss, W. Burleson; Birmaher, Boris; Melhem, Nadine A; Axelson, David A; Michaels, Shana M; Brent, David A.
**E-Mail Address:** Daviss, W. Burleson: davissw@uthscsa.edu

(The DUKE MED CTR LIBRARY HAS THIS TITLE; CHECK FOR HOLDINGS)
Abstract  Background: Previous measures of pediatric depression have shown inconsistent validity in groups with differing demographics, comorbid diagnoses, and clinic or non-clinic origins. The current study re-examines the criterion validity of child- and parent-versions of the Mood and Feelings Questionnaire (MFQ-C, MFQ-P) in a heterogeneous sample of children and adolescents from clinic and non-clinic sources.

Methods: Among 470 consecutive youth completing semi-structured interviews at a university-based child psychiatry center, total scores from the 33-item MFQ-C and 34-item MFQ-P were examined across subjects with and without mood disorders using analysis of variance, and receiver operating characteristics analysis. Results: Mean scores of the MFQ-C and MFQ-P, respectively, differed significantly (p < .0005) across youth having major depressive episodes (MDE) (33 and 32, n = 77), mood disorders not meeting criteria for current MDE (24 and 28, n = 75), and no mood disorders (12 and 10, n = 318). In the overall sample, areas under the curve (AUC) for discriminating MDE and any mood disorder, respectively, were .85 and .83 on the MFQ-C, .86 and .90 on the MFQ-P, and .89 and .90 on the MFQ-C and MFQ-P averaged together, suggesting moderate to high criterion validity. Similar findings were noted in subgroups divided by age, sex, race, comorbid psychopathology, and clinic or non-clinic origins. AUCs of these MFQ scores compared favorably with those of the Beck's Depressive Inventory, the Child Behavior Checklist's Anxious/Depressed scale and the Children's Depressive Rating Scale-Revised by the same raters. A score of 29 on the MFQ-C (positive screen rate 21%, sensitivity 68%, specificity 88%) or 27 on the MFQ-P (positive screen rate 23%, sensitivity 61%, specificity 85%) optimally discriminated youth with MDE from the rest of the sample. Conclusions: The MFQ-C and MFQ-P, especially used in combination, validly identify MDE or other mood disorders in youth diverse in demographic and clinical characteristics. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)
Youth Screening Instrument. Fifty youth also complete the Voice-Diagnostic Interview Schedule for Children. Internal reliability coefficient for the MFQ short form (SMFQ) is alpha = .87. Factor analysis produces a unifactorial scale with item loadings of .43 to .78. At SMFQ cutoff >=10, sensitivity and specificity are optimized at 1.00/0.79. Prevalence of major depressive disorder is estimated at 32.1% (95% Confidence Interval = 25.3% to 39.2%). The SMFQ shows potential for depression screening of detained adolescents. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Accession Number
Title: Detection of major and minor depression in children and adolescents: Evaluation of the Mood and Feelings Questionnaire.
Year of Publication
1997
Author
Kent, Lindsey; Vostanis, Panos; Feehan, Catherine.
Source
Local Messages
(THE DUKE MED CTR LIBRARY HAS THIS TITLE; CHECK FOR HOLDINGS)
Abstract
The detection of major and minor depression in 113 children and adolescents (aged 7-17 yrs) was evaluated employing the Mood and Feelings Questionnaire (MFQ) and the Schedule for Affective Disorders and Schizophrenia interview, as assessed by both the Ss and their parents. Using the MFQ, differences between depressed and nondepressed groups, those with major or minor depression, and depressed Ss compared with those comorbid for anxiety, were also examined. There was high agreement between parent and child ratings. Results also found that the MFQ does not appear to differentiate children with only depression and those who are comorbid for anxiety and it does not appear to distinguish depressed children who are comorbid for conduct disorder from children with depression alone, or children who are anxious from those who are depressed and anxious. Furthermore, the present findings support the validity of the MFQ as a screening instrument for major and minor depression in a population with a high proportion of depressed cases. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number
Title: Properties of the Mood and Feelings Questionnaire in adolescent psychiatric outpatients: A research note.
Year of Publication
1995
Author
Wood, Alison; Kroll, Leo; Moore, Ann; Harrington, Richard.
Examined the psychometric properties of the Mood and Feelings Questionnaire (MFQ) in 104 adolescent outpatients (aged 10-19 yrs) attending a psychiatric clinic. 55 Ss were diagnosed with major depressive disorder (MDD), and 7 had no mental disorder; the remaining diagnoses included oppositional disorders, conduct disorders, and disorders related to anxiety. The psychometric properties assessed included reliability, parent-child agreement, screening efficacy for major depression, and measurement of clinical remission. The self-report version of the MFQ had acceptable reliability and was a satisfactory screen for MDD diagnosed by a standardized interview with the child. The MFQ was also a useful measure of clinical remission. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Title: Depressive symptoms among young Norwegian adolescents as measured by The Mood and Feelings Questionnaire (MFQ).

Year of Publication
2001

Abstract
In a stratified random and representative sample of 2,560 (aged 13-14 yrs) Norwegian girls and boys, depressive symptoms were assessed by means of the Mood and Feelings Questionnaire (MFQ). Convergent and discriminative validity were assessed. The results showed a significant sex by age interaction effect in that girls increased their mean total MFQ sum score by age while the boys' scores decreased slightly. Reports of unattractiveness, restlessness, indecisiveness and transient feelings of low mood were common in the total sample, while unhappiness, irritability, self-dislike and concentration problems were common among high-scoring subjects. Girls experienced more often lowered mood, were more concerned with their appearance and had more self-depreciatory notions than boys, while boys more often than girls had lower school satisfaction. Girls were preponderant among the high-scoring subjects. The results of logistic regression analyses showed that concentration problems were the strongest predictor of high scores. The findings are discussed in view of similar epidemiological...
studies in which DSM-IV criteria have been used in the assessment of depressive symptoms and disorders among adolescents. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

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Accession Number
Title: Validity of the shortened Mood and Feelings Questionnaire in a community sample of children and adolescents: A preliminary research note.
Year of Publication
1998
Author
Thapar, Anita; McGuffin, Peter.
Source
http://www.elsevier.com/wps/find/journaldescription.cws_home/522773/description#description
Local Messages
(THE DUKE MED CTR LIBRARY HAS THIS TITLE; CHECK FOR HOLDINGS)
Abstract
Examined the relationship between symptom scores obtained using the short-version Mood and Feelings Questionnaire (MFQ) and psychiatric disorders in a non-clinical sample. 78 parents and 71 twins (aged 8-16 yrs), who had completed the MFQ, were interviewed separately using the Child and Adolescent Psychiatric Assessment. Parent-rated MFQ scores (MFQ-P) were found to distinguish those with International Classification of Diseases-10 (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) depression from non-depressed cases. MFQ-P scores also differentiated depressed cases from those with other psychiatric diagnoses. The MFQ-P at the chosen cut-off point showed a sensitivity of 0.75 and specificity of 0.73 for an ICD-10 diagnosis of depression and a sensitivity of 0.86 and specificity of 0.87 for DSM-III--R depression. The number of self-rated reports (MFQ-C) was small, but overall the results suggest that self-rated MFQ scores may show less specificity. The MFQ-C at the selected cut-off point showed a sensitivity of 0.6 and specificity of 0.61 for ICD-10 depression, and a sensitivity of 0.75 and specificity of 0.74 for DSM-III--R depression. (PsycINFO Database Record (c) 2005 APA, all rights reserved)