Evidence Based Practice Unit

A partnership of





Me and My Feelings Questionnaire

Name/Participant ID	•••••	•••••	•••••
Gender	••••	•••••	•••••
Age	•••••	•••••	•••••
Below is a questionnaire which is going to ask you how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.			
	Never	Sometimes	Always
I feel lonely			
I cry a lot			
I am unhappy			
Nobody likes me			
I worry a lot			
I have problems sleeping			
I wake up in the night			
I am shy			
I feel scared			
I worry when I am at school			
I get very angry			
I lose my temper			
I hit out when I am angry			
I do things to hurt people			
I am calm			
I break things on purpose			

Thank you!