

MAYSI-2 Questionnaire

Name _____ Male Female

Date of Birth _____ Today's Date _____

These are some questions about things that sometime happen to people. For each question, please circle YES or NO to answer whether that question has been true for you IN THE PAST FEW MONTHS. Please answer these questions as well as you can.



Circle Y (yes) or N (no)

1. Have you had a lot of trouble falling asleep or staying asleep?	Y	N	1
2. Have you lost your temper easily, or had a "short fuse"?	Y	N	2
3. Have nervous or worried feelings kept you from doing things you want to do?	Y	N	3
4. Have you had a lot of problems concentrating or paying attention?	Y	N	4
5. Have you enjoyed fighting, or been "turned on" by fighting?	Y	N	5
6. Have you been easily upset?	Y	N	6
7. Have you thought a lot about getting back at someone you have been angry at?	Y	N	7
8. Have you been really jumpy or hyper?	Y	N	8
9. Have you seen things other people say are not really there?	Y	N	9
10. Have you done anything you wish you hadn't, when you were drunk or high?	Y	N	10
11. Have you wished you were dead?	Y	N	11
12. Have you been daydreaming too much in school?	Y	N	12
13. Have you had too many bad moods?	Y	N	13
14. Have you had nightmares that are bad enough to make you afraid to go to sleep?	Y	N	14
15. Have you felt too tired to have a good time?	Y	N	15
16. Have you felt like life was not worth living?	Y	N	16
17. Have you felt lonely too much of the time?	Y	N	17
18. Have you felt like hurting yourself?	Y	N	18
19. Have your parents or friends thought you drink too much?	Y	N	19
20. Have you heard voices other people can't hear?	Y	N	20
21. Has it seemed like some part of your body always hurts you?	Y	N	21
22. Have you felt like killing yourself?	Y	N	22
23. Have you gotten in trouble when you've been high or have been drinking?	Y	N	23
24. If yes, is this fighting?	Y	N	24



Circle Y (yes) or N (no)

25.	Have other people been able to control your brain or your thoughts?	Y	N	25
26.	Have you had a bad feeling that things don't seem real, like you're in a dream?	Y	N	26
When you have felt nervous or anxious:				
27.	have you felt shaky?	Y	N	27
28.	has your heart beat very fast?	Y	N	28
29.	have you felt short of breath?	Y	N	29
30.	have your hands felt clammy?	Y	N	30
31.	has your stomach been upset?	Y	N	31
32.	Have you been able to make other people do things just by thinking about it?	Y	N	32
33.	Have you used alcohol or drugs to help you feel better?	Y	N	33
34.	Have you felt that you don't have fun with your friends anymore?	Y	N	34
35.	Have you felt angry a lot?	Y	N	35
36.	Have you felt like you don't want to go to school anymore?	Y	N	36
37.	Have you been drunk or high at school?	Y	N	37
38.	Have you felt that you can't do anything right?	Y	N	38
39.	Have you gotten frustrated a lot?	Y	N	39
40.	Have you used alcohol and drugs at the same time?	Y	N	40
41.	Has it been hard for you to feel close to people outside your family?	Y	N	41
42.	When you have been mad, have you stayed mad for a long time?	Y	N	42
43.	Have you had bad headaches?	Y	N	43
44.	Have you hurt or broken something on purpose, just because you were mad?	Y	N	44
45.	Have you been so drunk or high that you couldn't remember what happened?	Y	N	45
46.	Have people talked about you a lot when you're not there?	Y	N	46
47.	Have you given up hope for your life?	Y	N	47
48.	Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?	Y	N	48
49.	Have you ever been badly hurt, or been in danger of getting badly hurt or killed?	Y	N	49
50.	Have you ever been raped, or been in danger of getting raped?	Y	N	50
51.	Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	Y	N	51
52.	Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?	Y	N	52

Instructions for the Alternative MAYSI-2 Scoring Key, Scoring Summary, and Profile

On the following pages are (a) an Alternative MAYSI-2 Scoring Key and (b) a corresponding Alternative MAYSI-2 Scoring Summary and Profile for use with the alternative key. The Alternative Scoring Key is identical to the original MAYSI-2 Scoring Key, except that the Alternative Scoring Key offers a system for recording the number of “yes” answers for each scale directly on the Scoring Key itself and then calculating the scale scores themselves for transfer onto the Scoring Summary. MAYSI-2 users may choose either of the Scoring Keys for their own use, depending upon their preference.

Instructions for the Spanish Version of the MAYSI-2 Questionnaire

The following pages offer a Spanish translation of the MAYSI-2 items in the same questionnaire format as the English MAYSI-2. It is designed to be used with youths for whom Spanish is their only or preferred language. Examiners should not automatically assume that it is appropriate for bilingual (Spanish/English) youths, but should inquire of youths whether they would prefer to read in English or Spanish. There is no Spanish translation of the MAYSI-2 Scoring Form or Scoring Summary, as the purpose of the translation was for use in the U.S. where virtually all staff who administer the MAYSI-2 read English.

There have been several Spanish translations of the MAYSI-2 between 2000 and 2005, having been developed (with our permission) by juvenile justice programs in various communities that have substantial Spanish-speaking populations. We discovered, however, that “local” translations typically did not work well when juvenile justice personnel tried to employ them in communities in other geographic regions of the U.S. For example, a translation that seemed appropriate to Spanish-speaking youths in New England was not satisfactory for use in California, where youths often commented that certain translated words seemed odd. Thus a large number of “Spanish MAYSI’s” were developing, which presented some confusion and the possibility of problems in standardized use nationally.

Therefore, in a project in 2003-2004, we developed the present version based on a research process that involved youths of many Hispanic cultures in the U.S. (e.g., Puerto Rican, Columbian, Mexican). In “mixed” cultural groups, they were asked to arrive at translations of each of the MAYSI-2 items. Later review of this translation by juvenile justice workers in Florida, Texas, California, and New England indicated that the present version was considered by these workers to be acceptable for their own youths. Therefore, we strongly encourage use of this version.

MAYSI-2

Nombre _____

Hombre

Mujer

Fecha de nacimiento _____

Fecha de hoy _____

Las siguientes preguntas son acerca de situaciones que a veces les ocurren a las personas. Por favor circula en cada pregunta Si o No para indicar si te ha sucedido en LOS ÚLTIMOS MESES. Por favor contesta las preguntas lo mejor que puedas.



	Circula Si o No		
1. ¿Te ha costado mucho trabajo dormirte o quedarte dormido(a)?	Si	No	1
2. ¿Has perdido el temperamento fácilmente?	Si	No	2
3. ¿El sentirte nervioso(a) o preocupado(a), te ha impedido hacer cosas que quieres hacer?	Si	No	3
4. ¿Te ha costado mucho trabajo concentrarte o prestar atención?	Si	No	4
5. ¿Te gusta pelear o te excitan las peleas?	Si	No	5
6. ¿Te enojas fácilmente?	Si	No	6
7. ¿Has pensado mucho en vengarte de alguien con quien te has enojado?	Si	No	7
8. ¿Has estado muy inquieto(a) o hiperactivo(a)?	Si	No	8
9. ¿Has visto cosas que otras personas dicen que realmente no están ahí?	Si	No	9
10. ¿Has hecho algo que desearías no haber hecho cuando estabas borracho o endrogado?	Si	No	10
11. ¿Has deseado estar muerto?	Si	No	11
12. ¿Has estado soñando despierto(a) demasiado en la escuela?	Si	No	12
13. ¿Has estado de mal humor muchas veces?	Si	No	13
14. ¿Has tenido pesadillas tan malas que te da miedo ir a dormir?	Si	No	14
15. ¿Te has sentido tan cansado(a) que no te has podido divertir?	Si	No	15
16. ¿Has sentido que no vale la pena vivir?	Si	No	16
17. ¿Te has sentido sólo(a) la mayor parte del tiempo?	Si	No	17
18. ¿Te has querido hacer daño?	Si	No	18
19. ¿Tus padres o amigos han pensado que tomas demasiado?	Si	No	19
20. ¿Has oído voces que otras personas no pueden oír?	Si	No	20
21. ¿Te parece que alguna parte del cuerpo siempre te duele?	Si	No	21
22. ¿Te has querido quitarte la vida?	Si	No	22
23. ¿Te has metido en problemas cuando has estado endrogado o bebiendo?	Si	No	23
24. Si la respuesta es sí, el problema que tuviste, ¿fue una pelea?	Si	No	24

**Circula Si o No**

25. ¿Otras personas han podido controlar tu mente o tus pensamientos?	Si	No	25
26. ¿Has tenido un mal presentimiento de que las cosas no parecen reales, como si estuvieras en un sueño?	Si	No	26
Cuando te has sentido nervioso(a) o ansioso(a):			
27. ¿te sentiste tembloroso(a)?	Si	No	27
28. ¿te ha latido el corazón muy rápido?	Si	No	28
29. ¿te sentiste corto(a) de respiración?	Si	No	29
30. ¿te han sudado las manos?	Si	No	30
31. ¿has sentido malestar en el estómago?	Si	No	31
32. ¿Has podido hacer que otras personas hagan algo, con sólo pensarlo?	Si	No	32
33. ¿Has usado drogas o alcohol para ayudarte a sentirte mejor?	Si	No	33
34. ¿Has sentido que ya no te diviertes con tus amigos?	Si	No	34
35. ¿Te has sentido enojado(a) muy amenudo?	Si	No	35
36. ¿Te has sentido como que ya no quieres ir a la escuela?	Si	No	36
37. ¿Has estado borracho(a) o endrogado(a) en la escuela?	Si	No	37
38. ¿Te has sentido como que no puedes hacer nada bien?	Si	No	38
39. ¿Has estado frustrado(a) muy amenudo?	Si	No	39
40. ¿Has usado drogas y alcohol a la misma vez?	Si	No	40
41. ¿Ha sido difícil para ti sentirte apegado(a) a personas que no son de tu familia?	Si	No	41
42. Cuando te has enojado, ¿permaneces enojado(a) por mucho tiempo?	Si	No	42
43. ¿Has tenido fuertes dolores de cabeza?	Si	No	43
44. ¿Has lastimado o roto algo a propósito, sólo porque estabas enojado(a)?	Si	No	44
45. ¿Has estado tan borracho(a) o endrogado que no pudiste recordar lo que pasó?	Si	No	45
46. ¿Las personas han hablado mucho de ti cuando no estás presente?	Si	No	46
47. ¿Has perdido las esperanzas por tu vida?	Si	No	47
48. ¿Alguna vez en tu vida, te ha sucedido algo muy malo o que te de terror?	Si	No	48
49. ¿Alguna vez, has estado muy mal herido(a) o en peligro de estar mal herido o de morir?	Si	No	49
50. ¿Alguna vez te han violado(a), o has estado en peligro de ser violado(a)?	Si	No	50
51. ¿Has tenido muchos malos pensamientos o sueños acerca de algun evento malo o miedoso que te haya sucedido?	Si	No	51
52. ¿Alguna vez has visto que hirieran a alguien gravemente o que mataran a alguien en persona? (que no sea en la TV o en el cine)	Si	No	52

Instructions for the MAYSI-2 Second Screening Forms

(for use with youth who received scores
above cut-offs on MAYSI-2 scales)

The MAYSI-2 Second Screening forms were developed to assist juvenile justice staff in following up on MAYSI-2 results that are over the Caution and Warning cut-off scores. “Second Screening” consists of asking a few simple questions after the results of the MAYSI-2 have been reviewed by a staff member. These queries are designed to obtain information that will assist juvenile justice staff in their decisions about whether a youth requires an immediate intervention.

The need for Second Screening is related to the fact that sometimes youths who score above the cut-offs do not actually require the same interventions that are normally applied to youth who score this high. These are called “false-positives.” Sometimes a few questions will make it obvious that the youth is not actually in need of immediate intervention. In many cases, of course, they will continue to raise concern. Second Screening helps the staff member by compiling the information that is necessary to review each youth on a case-by-case basis in order to decide whether the youth truly seems to be in immediate need.

There are six Second Screening forms, corresponding to the six main scales of the MAYSI-2. It is anticipated that staff will typically ask Second Screening questions only for the scales on which the youth has scored above a Caution or Warning cut-off. Each form has three or four questions that the staff member asks the youth, in interview fashion, then writes down the youth’s responses in the spaces provided. (**IMPORTANT: Youths are not given these forms to “fill out” themselves.**) Together, the six screening forms produce a very brief “interview guide” and the last page provides a space for the staff member to summarize what was found, what action was or was not taken, and why.

Some of the Second Screening questions focus on immediacy. For example, some youth may answer “yes” to symptoms they have experienced “in the past few months” (the MAYSI-2 instructions), yet they may not be feeling that way currently (although they did “a few weeks ago”). This could possibly reduce the “emergency” nature of the situation. Other questions focus on frequency, intensity, or history of the symptoms that the youth endorsed.

The Second Screening forms do not provide a method for staff to “score” or “rate” a youth’s responses. Additionally, the forms *do not* offer a guideline for how staff should utilize the youth’s answers to arrive at a decision. The Second Screening simply helps provide staff with the relevant information necessary to make an informed decision about whether intervention is needed; it *does not* offer a “formula” for identifying whether an intervention is or is not essential. It will be the staff member’s own judgment that will lead to the ultimate determination. Second Screening, therefore, should be the responsibility of staff members with sensitivity and training regarding the mental health needs of youth.

MAYSI-2 Second Screening Form
Alcohol/Drug Use (Score 6 or Higher)

Name _____ Person Completing Form _____
Date of MAYSI-2 _____ Date of 2nd Screening _____

CHECK THE ITEMS ANSWERED “Yes”

- _____ 10. Have you done anything you wish you hadn't, when you were drunk or high?
- _____ 19. Have your parents or friends thought you drink too much?
- _____ 23. Have you gotten in trouble when you've been high or have been drinking?
- _____ 24. If yes [to #23], has the trouble been fighting?
- _____ 33. Have you used alcohol or drugs to help you feel better?
- _____ 37. Have you been drunk or high at school?
- _____ 40. Have you used alcohol or drugs at the same time?
- _____ 45. Have you been so drunk or high that you couldn't remember what happened?

WHAT TO LOOK FOR

Is the youth currently showing symptoms associated with withdrawal or with the inability to obtain substances (e.g., irritability, anger, depression, poor attention)?

Has the youth been using substances excessively, to the extent that it impairs everyday functioning?

QUESTIONS TO ASK

**“You reported having some trouble with alcohol or drugs.
Have you been high for any part of the past few days?”**

**Current
Status**

Response:

“Are you having unpleasant feelings right now that you think might be due to not having drugs or anything to drink while you've been here?”

**Withdrawal
Symptoms**

Response:

“Have you had withdrawal problems before – like feeling sick and really terrible when you couldn't get drugs?”

History

Response:

MAYSI-2 Second Screening Form
Angry-Irritable (Score 8 or Higher)

Name _____ Person Completing Form _____
Date of MAYSI-2 _____ Date of 2nd Screening _____

CHECK THE ITEMS ANSWERED “Yes”

_____ 2. Have you lost your temper easily, or had a “short fuse”?
_____ 6. Have you been easily upset?
_____ 7. Have you thought a lot about getting back at someone you have been angry at?
_____ 8. Have you been really jumpy or hyper?
_____ 13. Have you had too many bad moods?
_____ 35. Have you felt angry a lot?
_____ 39. Have you gotten frustrated a lot?
_____ 42. When you have gotten mad, have you stayed mad for a long time?
_____ 44. Have you hurt or broken something on purpose, just because you were mad?

WHAT TO LOOK FOR

*Is the youth currently angry, has the youth been angry recently, is anger typical to this youth, or is the youth angry mainly because of a recent event?
Is the anger related in any way to a psychiatric disorder (e.g., youths who are depressed sometimes experience intense anger as well)?*

QUESTIONS TO ASK

“You reported being angry quite often. Have you been feeling that way today?”
(If not today, risk is reduced, but not necessarily low.)

Current Status

Response:

“Is this the way you often feel, or did something important happen to you recently to make you feel angry?”
(Note whether anger is frequent problem, and/or whether related to recent life events.)

Frequency, Cause

Response:

“Are you feeling like you might not be able to control your anger over the next day or two – like you might get into a fight with someone?”

Seriousness of Risk

Response:

MAYSI-2 Second Screening Form
Depressed-Anxious (Score 6 or Higher)

Name _____ Person Completing Form _____
Date of MAYSI-2 _____ Date of 2nd Screening _____

CHECK THE ITEMS ANSWERED “Yes”

_____ 3. Have nervous or worried feelings kept you from doing things you want to do?
_____ 14. Have you had nightmares that are bad enough to make you afraid to go to sleep?
_____ 17. Have you felt lonely too much of the time?
_____ 21. Has it seemed like some part of your body always hurts you?
_____ 34. Have you felt that you don't have fun with your friends anymore?
_____ 35. Have you felt angry a lot?
_____ 41. Has it been hard for you to feel close to people outside your family?
_____ 47. Have you given up hope for your life?
_____ 51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?

WHAT TO LOOK FOR

*Is the youth currently depressed, often depressed, or depressed due to some recent life stress?
Is the depression serious enough to require immediate attention?*

QUESTIONS TO ASK

“You reported feeling worried and sad. Have you been feeling that way today?”
(If not today, risk is reduced, but not necessarily low.)

Current Status

Response:

“Is this the way you often feel, or did something important happen to you recently to make you feel this sad or worried?”

(Note whether depression is frequent problem, and/or whether related to recent life stress.)

Frequency, Cause

Response:

“Are you feeling like you might do something to harm yourself?”

(Note whether depression is causing suicidal feelings.)

Seriousness of Risk

Response:

MAYSI-2 Second Screening Form
Somatic Complaints (Score 6 or Higher)

Name _____ Person Completing Form _____
 Date of MAYSI-2 _____ Date of 2nd Screening _____

CHECK THE ITEMS ANSWERED “Yes”

When you have felt nervous or anxious:

____ 27. have you felt shaky?
 ____ 28. has your heart beat very fast?
 ____ 29. have you felt short of breath?
 ____ 30. have your hands felt clammy?
 ____ 31. has your stomach been upset?
 ____ 43. Have you had bad headaches?

WHAT TO LOOK FOR

*Is the youth in pain now? Might there be an actual physical illness rather than
 (or in addition to) a psychaitric problem?
 Is the youth exhibiting symptoms of anxiety or depression?
 Is anxiety related to a traumatic experience?*

QUESTIONS TO ASK

**“You reported having unpleasant feelings like aches and pains.
 Have you been feeling that way today?”**

Current Status

Response:

Frequent or Recent

“Is that the way you often feel, or has this just been happening recently?”

Response:

History of Symptoms

**“Have you ever been to the doctor for sickness or pains?
 [If yes] Are you feeling now like you did then?”**

Response:

Trauma Related?

NOTE: Check Traumatic Experiences items marked “yes” for possible clues?

Response:

MAYSI-2 Second Screening Form
Suicide Ideation (Score 2 or Higher)

Name _____ Person Completing Form _____
 Date of MAYSI-2 _____ Date of 2nd Screening _____

CHECK THE ITEMS ANSWERED “Yes”

_____ 11. Have you wished you were dead?
 _____ 16. Have you felt like life was not worth living?
 _____ 18. Have you felt like hurting yourself?
 _____ 22. Have you felt like killing yourself?
 _____ 47. Have you given up hope for your life?

WHAT TO LOOK FOR

*Is the youth feeling suicidal now?
 Does the youth have a history of suicide thoughts and/or behaviors?
 Is there a level of risk that requires immediate attention?*

QUESTIONS TO ASK

“You reported feeling [repeat one or two of the items the youth marked ‘yes’]. Is that the way you are feeling right now – today – or something you were feeling in the past but not now?”
(If not today, risk is reduced, but not necessarily low.)

Current Status Response:

“Have you often felt this way, or has this just been happening recently?”

Frequent or Recent Response:

**“Have you ever tried to kill yourself? [If so] When was that? What happened?
 Have things like that been happening lately?”**

History of Attempts Response:

[If seems potentially suicidal now] **“Do you feel like you can keep yourself from hurting yourself now, or should we be giving you some extra help to keep you safe?”**

Potential for Self-Control Response:

MAYSI-2 Second Screening Form
Thought Disturbance (Score 2 or Higher)

Name _____ Person Completing Form _____
 Date of MAYSI-2 _____ Date of 2nd Screening _____

CHECK THE ITEMS ANSWERED “Yes”

_____ 9. Have you seen things other people say are not really there?
 _____ 20. Have you heard voices other people can't hear?
 _____ 25. Have other people been able to control your brain or your thoughts?
 _____ 26. Have you had a bad feeling that things don't seem real, like you're in a dream?
 _____ 32. Have you been able to make other people do things just by thinking about it?

WHAT TO LOOK FOR

*Is the youth experiencing these things now?
 Are there explanations for the youth's experiences other than thought disorder?
 Is there a history of thought disturbance?
 Is there a level of risk requiring immediate attention?*

QUESTIONS TO ASK

“You reported [*repeat one or two of the items the youth marked ‘yes’*].
 Is this the way you are feeling right now – today – or something you were feeling in the past but not now?”

Current Status

Response:

Explanation

“Tell me what you mean by [*hearing voices, seeing things, thoughts being controlled by others*].
 What is it like, and when does it happen?”

Response:

Drug Related?

“Are these things that happen when you take drugs, or don't drugs seem to have anything to do with it?”

Response:

History

“Have you ever seen a mental health professional or counselor because of these thoughts or feelings?”

Response:

MAYSI-2 Second Screening Form
Summary

Name _____ Person Completing Form _____
Date of MAYSI-2 _____ Date of 2nd Screening _____

CHECK THE SECOND SCREENING QUESTIONS GIVEN

_____ Alcohol/Drug Use	_____ Somatic Complaints
_____ Angry-Irritable	_____ Suicide Ideation
_____ Depressed-Anxious	_____ Thought Disturbance

WILL ANY ACTION BE TAKEN (Check One)?

Yes **No**

Explain reasons for taking action or for choosing not to take action (please use the space below):