MAYSI-2 Questionnaire

Name Suzy Que 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

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Suzy Que

	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

MAYSI-2 Scoring Key

Name Suzy Que

Today's Date _____

ALIGN RIGHT OF Y/N, PAGE 1

AD	AI	DA	SI	TD (boys)
	2			
		3		
	6			
	7			
	8			
				9
10				
			11	
	13			
		14		
			16	
		17		
			18	
19				
				20
		21		
			22	
23				
24				

ALIGN LEFT OF Y/N, PAGE 2

AD	AI	DA	SC	SI	TD 25	TE (boy)	TE (girl)
					26		
			27				
			28				
			29				
			30				
			31				
					32		
33							
		34					
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							50
		51				51	51
						52	52

MAYSI-2 Scoring Summary

1. Using the Scoring Key: Align left side of Scoring Key to right side of Page 1 of the MAYSI-2 Questionnaire. On the Scoring Key, circle all numbers of the items that the youth answered "Y." Place an X through all numbers of items for which youth did not provide an answer. Repeat for Page 2, aligning the right side of the Scoring Key just to the left of the Y/N columns on Page 2. Circle and make X's as described above.

2. For each scale, count the number of X's on both scoring columns. On the Scoring Profile below, put an X in the INVALID (INV) BOX to the right of that scale on the Profile if the number of X's:

   Exceeds 2 for scales with 8 to 9 items (AD, AI, DA)

   Exceeds 1 for scales with 5 to 6 items (SC, SI, TD, TE)

3. For each valid scale, count the number of items you have circled on **both** of the scale's scoring columns. Then circle that number for that scale on the Scoring Profile below.

4. If the circled number is in the CAUTION ZONE, the youth has scored higher on that scale than about two-thirds of youths in probation intake or secure pretrial detention or reception centers. If the circled number is in the WARNING ZONE, the youth has scored in the top 5% to 15% of justice system youths on that scale. Only about 1 in 10 youths score this high.

SCORING PROFILE **Name** Suzy Que **Date** _____

													INV
							CAUTION		WARNING				
AD	**Alcohol/Drug Use**	0	1	2	3	4	5	6	7	8			
AI	**Angry-Irritable**	0	1	2	3	4	5	6	7	8	9		
DA	**Depressed-Anxious**	0	1	2	3	4	5	6	7	8	9		
SC	**Somatic Complaints**	0	1	2	3	4	5	6					
SI	**Suicide Ideation**	0	1	2	3	4	5						
TD	**Thought Disturbance (Boys)**	0	1	2	3	4	5						
TE	**Traumatic Experiences**	0	1	2	3	4	5						