

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 mark 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.

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| 1. Have you had a lot of trouble falling asleep or staying asleep? | YES | NO |
| 2. Have you lost your temper easily, or had a "short fuse"? | YES | NO |
| 3. Have nervous or worried feelings kept you from doing things you want to do? | YES | NO |
| 4. Have you had a lot of problems concentrating or paying attention? | YES | NO |
| 5. Have you enjoyed fighting or been "turned on" by fighting? | YES | NO |
| 6. Have you been easily upset? | YES | NO |
| 7. Have youth thought a lot about getting back at someone you have been angry at? | YES | NO |
| 8. Have you been really jumpy or hyper? | YES | NO |
| 9. Have you seen things other people say are not really there? | YES | NO |
| 10. Have you done anything you wish you hadn't when you were drunk or high? | YES | NO |
| 11. Have you wished you were dead? | YES | NO |
| 12. Have you been day dreaming too much in school? | YES | NO |
| 13. Have you had too many bad moods? | YES | NO |
| 14. Have you had nightmares that are bad enough to make you afraid to go to sleep? | YES | NO |
| 15. Have you felt too tired to have a good time? | YES | NO |
| 16. Have you felt like life was not worth living? | YES | NO |
| 17. Have you felt lonely too much of the time? | YES | NO |
| 18. Have you felt like hurting yourself? | YES | NO |
| 19. Have your parents or friends thought you drink too much? | YES | NO |
| 20. Have you heard voices other people can't hear? | YES | NO |
| 21. Has it seemed like some part of your body always hurts you? | YES | NO |
| 22. Have you felt like killing yourself? | YES | NO |
| 23. Have you gotten in trouble when you've been high or have been drinking? | YES | NO |
| 24. If yes, is this fighting? | YES | NO |

25. Have other people been able to control your brain or your thoughts?	YES	NO
26. Have you had a bad feeling that things don't seem real, like you're in a dream?	YES	NO
When you have felt nervous or anxious:		
27. have you felt shaky?	YES	NO
28. Has your heart beat very fast?	YES	NO
29. have you felt short of breath?	YES	NO
30. have your hands felt clammy?	YES	NO
31. has your stomach been upset?	YES	NO
32. Have you been able to make other people do things just by thinking about it?	YES	NO
33. Have you used alcohol or drugs to help make you feel better?	YES	NO
34. Have you felt that you don't have fun with your friends anymore?	YES	NO
35. Have you felt angry a lot?	YES	NO
36. Have you felt like you don't want to go to school anymore?	YES	NO
37. Have you been drunk or high at school?	YES	NO
38. Have you felt that you can't do anything right?	YES	NO
39. Have you gotten frustrated a lot?	YES	NO
40. Have you used alcohol and drugs at the same time?	YES	NO
41. Has it been hard for you to feel close to people outside your family?	YES	NO
42. When you have been mad, have you stayed mad for a long time?	YES	NO
43. Have you had bad headaches?	YES	NO
44. Have you hurt or broken something on purpose, just because you were mad?	YES	NO
45. Have you been so drunk or high that you couldn't remember what happened?	YES	NO
46. Have people talked about you a lot when you're not there?	YES	NO
47. Have you given up hope for your life?	YES	NO
48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?	YES	NO
49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?	YES	NO
50. Have you ever been raped, or been in danger of getting raped?	YES	NO
51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	YES	NO
52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?	YES	NO