



DEPARTMENT OF JUVENILE JUSTICE
SUBSTANCE ABUSE AND MENTAL HEALTH PRELIMINARY SCREENING
M.A.Y.S.I. QUESTIONNAIRE

Client's Name: _____

Date: _____

For each question, please mark "yes" or "no" as to whether the question has been true for you in the past few months. Please answer these questions as honestly as you can.

- Yes No 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 you 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 daydreaming 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 into 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 in a dream?

When you have felt nervous or anxious:

- Yes No 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 by thinking about it?
- Yes No 33. Have you used alcohol or drugs to help 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 ever 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)?