

MAThYS (Multidimensional Assessment of Thymic States) by Henry et al.

This scale aims to **evaluate your mood during the last week**. For each item, indicate how you usually feel by making a vertical line between the two opposite statements.

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|--|-------|---|
| 1- I am less sensitive to colours than usual | ----- | I am more sensitive to colours than usual |
| 2- I do not feel tense | ----- | I have a lot of tension |
| 3- I feel emotionally numb | ----- | I lose control over my emotions sometimes. |
| 4- I am withdrawn | ----- | I feel outgoing |
| 5- I'm easily distracted and the slightest thing attracts my attention | ----- | I am not distracted by things going on around me. |
| 6- I am more sensitive to touch than usual | ----- | I am less sensitive to touch than usual |
| 7- My mood seems to vary a lot, depending on my environment | ----- | My mood is stable and changes little |
| 8- I am particularly sensitive to music | ----- | I am less affected by music than usual |
| 9- My mind never stops | ----- | My mind seems to be functioning in slow motion |
| 10- I am more responsive than usual to things going on around me | ----- | I am less responsive than usual to things going on around me. |

- 11- I have no energy |-----| I feel very energetic.
- 12- I feel like my thoughts are slowed down |-----| I feel like my ideas are racing through my head
- 13- I find food tasteless |-----| I like to eat because I appreciate how food tastes more than usual
- 14- I feel like communicating with other people less than usual |-----| I feel like communicating with other people more than usual
- 15- I lack the motivation to do new things ? |-----| I am coming up with lots of new plans
- 16- My lack of interest in doing things interferes with managing daily life |-----| (I am more interested in doing things.)
- 17- I am making decisions faster than usual |-----| I am finding it harder than usual to make decisions
- 18- My emotions are very intense. |-----| My emotions are not very strong
- 19- I am moving slowly |-----| I feel restless or physically agitated
- 20- I seem to be less sensitive to smells than usual |-----| I seem to be more sensitive to smells than usual

Score: |-----|

Over the course of this period, indicate the types of emotion you have experienced, and how often you have experienced them:

Sadness	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Very often	<input type="checkbox"/> Constantly
Joy	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Very often	<input type="checkbox"/> Constantly
Irritability	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Very often	<input type="checkbox"/> Constantly
Panic	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Very often	<input type="checkbox"/> Constantly
Anxiety	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Very often	<input type="checkbox"/> Constantly
Anger	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Very often	<input type="checkbox"/> Constantly
Euphoria	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Very often	<input type="checkbox"/> Constantly

If you have felt other emotions, please specify them below:

NAME:

DATE: