

Questionnaire 3

RESEARCHER – Please turn the response pack to the **Questionnaire 3** set of responses, and then read the following statement out loud to the respondent:

*In the following questionnaire I will read through a set of difficulties and problems which possibly describe you. Please listen to each statement and decide how much you suffered from each problem in the course **OF THE LAST WEEK**. In case you have no feelings at all at the present moment, please answer according to how you think you might have felt. Please answer honestly. All questions refer to THE LAST WEEK. If you felt different ways at different times in the week, give a rating for how things were for you on average.*

In the course of the last week.....

1. It was hard for me to concentrate

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. I felt helpless

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I was absent-minded and unable to remember what I was actually doing

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I felt disgust

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I thought of hurting myself

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the course of the last week.....

6. I didn't trust other people

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I didn't believe in my right to live

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I was lonely

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I experienced stressful inner tension

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. I had images that I was very much afraid of

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I hated myself

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. I wanted to punish myself

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the course of the last week.....

13. I suffered from shame

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. My mood rapidly cycled in terms of anxiety, anger and depression

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. I suffered from voices and noises from inside or outside my head

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Criticism had a devastating effect on me

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I felt vulnerable

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. The Idea of death had a certain fascination for me

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Everything seemed senseless to me

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the course of the last week.....

20. I was afraid of losing control

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. I felt disgusted by myself

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. I felt as if I was far away from myself

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. I felt worthless

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RESEARCHER – Please turn the response pack to the Questionnaire 3 – Supplement A set of responses, and then read Question 24 out loud to the respondent:

24. Now we would like to know in addition, the quality of your *overall* personal state in the course of the last week. 0% means *absolutely down*, 100% means *excellent*. Please state the percentage which comes closest

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very bad										excellent

BSL Supplement Items for Assessing Behaviour

RESEARCHER – Please turn the response pack to the **Questionnaire 3 – Supplement B** set of responses, and then read the following statement out loud to the respondent:

Also, DURING THE LAST WEEK, please select the most appropriate response to indicate how you would respond to the following statements:

During the last week.....

S1. I hurt myself by cutting, burning, strangling, head banging etc

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

S2. I told other people that I was going to kill myself

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

S3. I tried to commit suicide

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

S4. I had episodes of binge eating

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

S5. I induced vomiting

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

During the last week.....

S6. I took medication that had not been prescribed or if had been prescribed, I took more than the prescribed dose

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S7. I had outbreaks of uncontrolled anger or physically attacked others

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S8. I had uncontrollable sexual encounters of which I was later ashamed or which made me angry

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>