



## IN THE COURSE OF LAST WEEK...

### Section A: Internal State (IS)

A1. It was hard for me to concentrate

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

A2. I felt helpless

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

A3. I was absent-minded and unable to remember what I was actually doing

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

A4. I felt disgust

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>



**A5. I thought of hurting myself**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**A6. I didn't trust other people**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**A7. I didn't believe in my right to live**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**A8. I was lonely**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**A9. I experienced stressful inner tension**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>



**A10. I had images that I was very much afraid of**

not at all   
a little   
rather   
much   
very strong

**A11. I hated myself**

not at all   
a little   
rather   
much   
very strong

**A12. I wanted to punish myself**

not at all   
a little   
rather   
much   
very strong

**A13. I suffered from shame**

not at all   
a little   
rather   
much   
very strong

**A14. My mood rapidly cycled in terms of anxiety, anger and depression**

not at all   
a little   
rather   
much   
very strong



**A15. I suffered from voices and noises from inside or outside my head**

not at all   
a little   
rather   
much   
very strong

**A16. Criticism had a devastating effect on me**

not at all   
a little   
rather   
much   
very strong

**A17. I felt vulnerable**

not at all   
a little   
rather   
much   
very strong

**A18. The idea of death had a certain fascination for me**

not at all   
a little   
rather   
much   
very strong

**A19. Everything seemed senseless to me**

not at all   
a little   
rather   
much   
very strong



#### **A20. I was afraid of losing control**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

#### **A21. I felt disgusted by myself**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

#### **A22. I felt as if I was far from myself**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

### **A23. I felt worthless**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

## **Section B: Personal State (PS)**

### **B1. In the course of last week:**

*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 check the percentage which comes closest.*

I have felt [BAD] [GOOD]



## Section C: Impulsivity (IM)

C1. I hurt myself by cutting, burning, strangling, head-banging etc.

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

C2. I told other people that I was going to kill myself

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

C3. I tried to commit suicide

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

C4. I had episodes of binge eating

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>



**C5. I induced vomiting**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**C6. I displayed high-risk behavior by knowingly driving too fast, running around on the roofs of high buildings, balancing on bridges, etc.**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**C7. I got drunk**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**C8. I took drugs**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**C9. I took medications that had not been prescribed or if had been prescribed, I took more than the prescribed dose**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>



**C10. I had outbreaks of uncontrolled anger or physically attacked others**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

**C11. I had uncontrollable sexual encounters of which I was later ashamed  
or which made me angry**

not at all	<input type="checkbox"/>
a little	<input type="checkbox"/>
rather	<input type="checkbox"/>
much	<input type="checkbox"/>
very strong	<input type="checkbox"/>

## **Section D: Service Data (SD)**

**D1. Responder ID Record**

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**Thank you very much for letting us know!**