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PROPOSAL

PROTOCOL AND INSTRUMENTS FOR AN WHO-INTERNATIONAL PROJECT  
OF CONCERTED ACTION ON CHARACTERISTICS OF PARASUICIDE,  
FACTORS OF REPETITION AND PREVENTIVE POSSIBILITIES

by

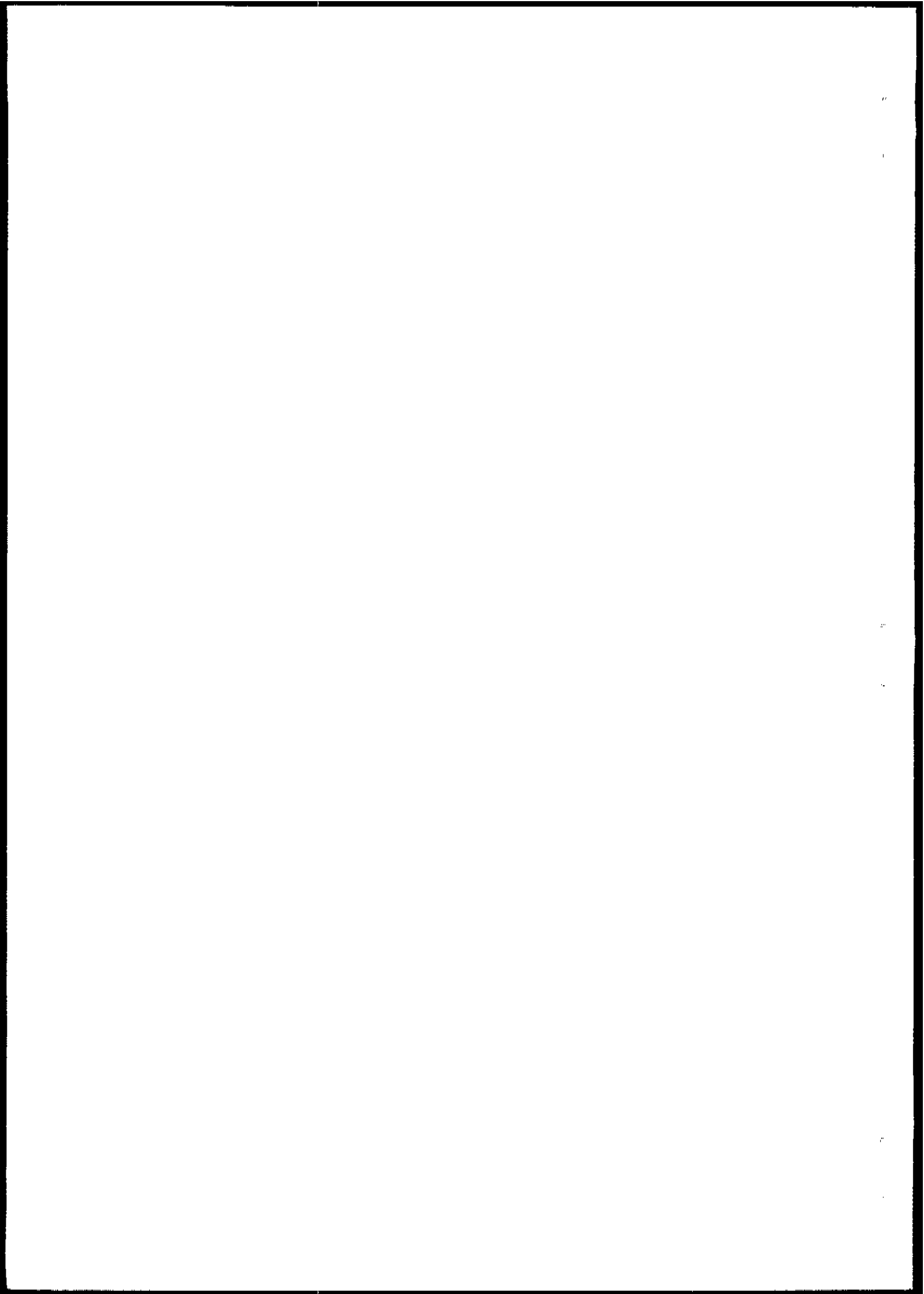
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Proposal

Protocol and Instruments for an WHO-international project of concerted action on characteristics of parasuicides, factors of repetition and preventive possibilities.

by

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## Research protocol

### Purposes

1. Gather knowledge on characteristics of parasuicides in well-defined catchment areas like socio-demographic characteristics, recent life stresses, psychiatric status, social support systems, patterns of coping, temperament, cognitive styles (thinking patterns) and attitudes towards suicide and selfdestructive behaviours.
2. Gather follow-up data on these parasuicides over a period of at least one year in order to determine factors that predict/-influence prognosis.
3. On the base of information from 1 and 2 set up prevention projects centering around influencable factors related to prognosis.

### Design

Each center should collect a number of (hospital based) parasuicides of at least 200. They should either be selected at random from all parasuicides seen in a given time period or be equal to all parasuicides seen in a given time period provided this group can be considered representative of all parasuicides seen in a year in terms of age and sex.

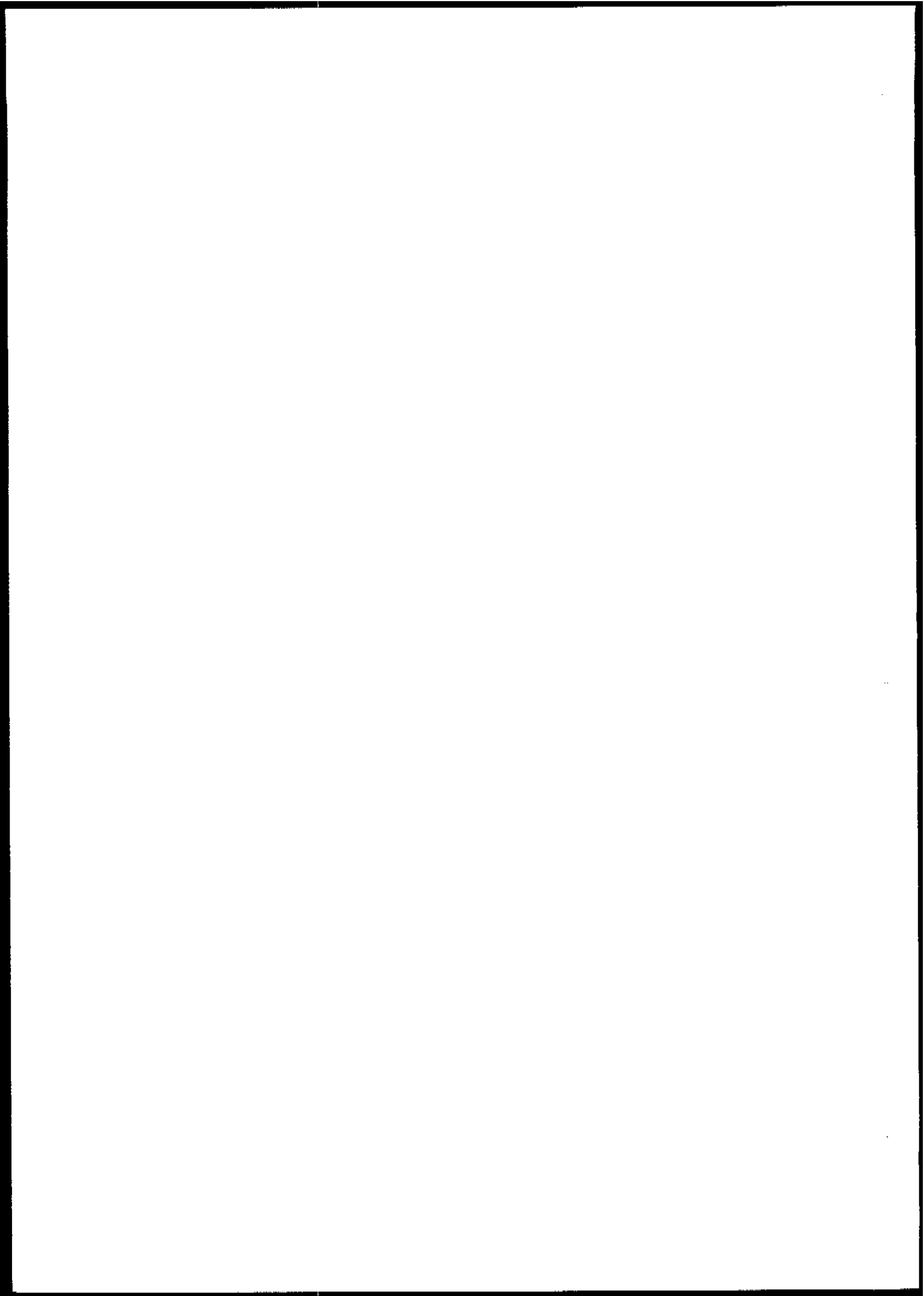
The parasuicides should be invited to participate in the study and after consent (using WHO's patient consent form) be interviewed with the annexed interview schedule within a period of four weeks after admission or treatment.

(No selection of either first-ers or repetitors). After twelve months the same persons should be interviewed again.

Given a repetition rate of  $\pm 16\%$ , there will be about 32 repetitors in each sample.

However, prognosis does not equal only repetition, but also absence/presence of depression or other psychiatric disorder, readmission, state of subjective mental well-being, attitude towards suicide, etc. The definition of the possible dimensions/aspects of the state of well-being at follow-up has to be discussed in detail by the representatives of participating centers.

Given the relationships between (independent or possible independent) variables on which information is gathered on the one hand and the dependent variable of well-being at follow-up at the other hand a project of concerted action with regard to preventive programmes will be developed, carried out and evaluated.



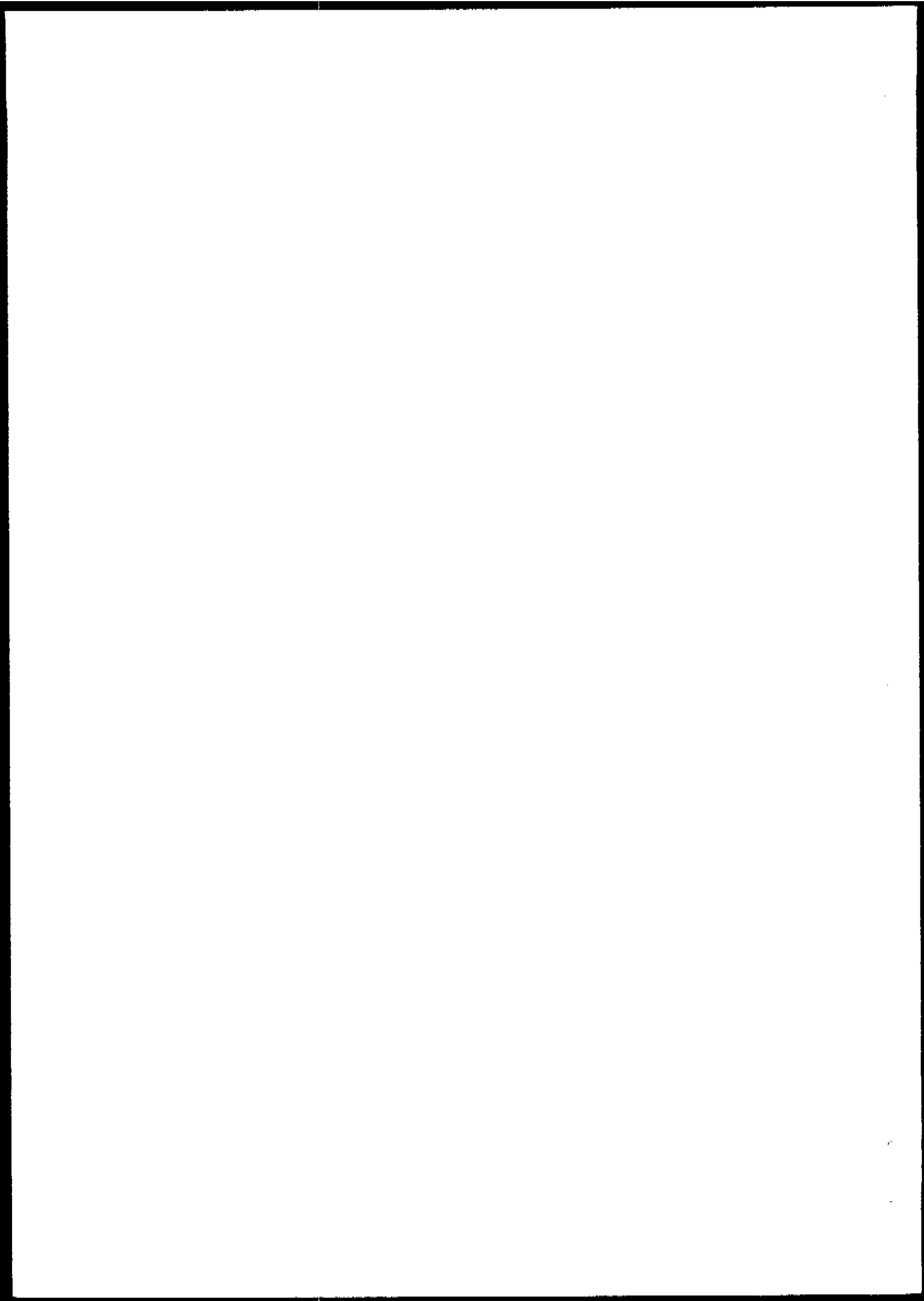
Interview schedule part I for project on characteristics  
of parasuicides, factors of repetition and  
preventive possibilities

by

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Client/patient no. :  
Place of interview :  
Name of interviewer :  
Date of interview :  
Diagnosis :

Special observations/remarks: reason for refusal or  
not taking place.



BIOGRAPHICAL DATA.

1. Date of birth
  
2. Marital Status: (Include history of stable relationships\* whether legalized or not). \* 3 months or longer
  - a. married
  - b. living as married
  - c. widowed
  - d. divorced
  - e. separated
  - f. never married - proceed to question 12
  - g. unknown
  
3. How many times have you been married or living together in a durable relationship?
  - a. never - proceed to question 12
  - b. once
  - c. twice or more
  - d. not applicable - proceed to question 12
  - e. I do not know/I do not want to say
  
4. How long have you been married or living together (only for last partner)?
  
5. How old is your partner?
  
6. Do or did you have children?  
Please indicate their sex, age, and whether or not they are part of your household.

number of children:

	sex	part of your household	alive	age
	m/f	yes/no	yes/no	
1.				
2.				
3.				
4.				
5.				
6.				

7. Living arrangements:  
How many people are in your household?  
(Situation must be in existence for at least 3 months).
  - a. 1 person (alone)
  - b. 2 persons - proceed to question 8
  - c. 3 or more persons - proceed to question 8
  - d. institution/shelter
  - e. boarding house/hotel
  - f. psychiatric hospital
  - g. other (explain)
  
8. Who are the members of your household?
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  
9. What is your occupation (present or last)?
  
10. Employment status:
  - a. employed - full time
  - b. employed - part time
  - c. unemployed
  - d. armed services
  - e. homemaker (housewife)
  - f. job training
  - g. student
  - h. retired
  - i. residential institution
  - j. other
  - k. unknown
  
11. What is/was your partner's/father's occupation?
  
12. Is your father/partner:
  - a. unemployed
  - b. employed - full time
  - c. employed - part time
  - d. pensioner
  - e. disabled
  - f. other, namely...
  - g. do not know/do not want to say

- 13a Type of education:
- a. regular
  - b. classes - emotional disturbed
  - c. classes - mental retardation
  - d. other special education
  - e. unascertain or not applicable
  - f. client over 21 years of age
- 13b Highest level of education:
- a. less than highschool; indicate which grade completed
  - b. highschool graduate
  - c. some college
  - d. college graduate
  - e. some graduate work
  - f. graduate degree
  - g. other, namely...
14. Source of income:
- a. Dis.Ins./Workman's Comp.
  - b. Other Public Assistance
  - c. Family or Relative
  - d. Pension
  - e. Soc.Sec.Disability
  - f. Soc.Sec. Retirement
  - g. SSI
  - h. Unemployment Insurance
  - i. Wage/Salary Income
  - j. Other
  - k. Unknown
  - l. Do not want to tell
15. Gross monthly income:
- a. less than \$500.00
  - b. \$ 500.00 - \$1000.00
  - c. \$1000.00 - \$2000.00
  - d. \$2000.00 - \$3000.00
  - e. \$3000.00 and over
- 15a Other sources of income (foodstamps, transportation, etc.):
16. What is your religion?
17. Do you attend church?
18. If yes, how often?

19. Do you have any preference for a political party?

If yes, which party:

- a. republican
- b. democratic
- c. independent
- d. other, namely...
- e. do not know/do not want to say

21. Are you a member of that party?

22. What ethnical/racial group do you belong to?

- a. American Indian
  - b. White
  - c. Black
  - d. Hispanic
  - e. Asian or Pacific Islander
  - f. Other, namely...
- .....----- see note

23. What ethnical/racial group does your partner belong to?

24. Are you a drug or alcohol user?

If yes, what type and how often do you use it?

25. Primary language:

26. Sex: m/f

27. Are you a US citizen? yes/no

If not, what country are you a citizen of?

22. note -----

- a. American Indian or Alaskan Native - origins in any of the original people of North America who maintained cultural identification through tribal affiliation or community recognition.
- b. White - not of Hispanic origin - origins in any of the original people in Europe, North Africa, or the Middle East.
- c. Black - not of Hispanic origin - origins in any black racial group.
- d. Hispanic - origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.
- e. Asian or Pacific Islander - origins in any of the original people of the Far East, South East (SE) Asia, the Indian sub-continent, or Pacific Island.

FACTS ABOUT SUICIDE INTENTION.

After the general questions, I would like to ask you a few questions about the course for treatment/admission in the hospital.

1. What was the reason for your admission?
  - a. drug overdose, namely....., amount.....
  - b. alcohol intake, namely....., amount.....
  - c. other substances (also gas)
  - d. slashed wrist(s)
  - e. jumped from height
  - f. jumped in front of a moving vehicle
  - g. attempt hanging myself
  - h. attempt to drown
  - i. other, namely...
  
2. What was the reason for harming yourself?  
Are there special circumstances which led to this?
  
3. Did you have more pills or other substances home, which you did not take? (depending on answer to question 1).
  
4. How did you get the pills (substances)?
  
5. When you decided to harm yourself, did you think about the consequences of the method?
  
6. Were you under the impression that the method you used could be fatal?
  - a. yes, sure
  - b. may be
  - c. no
  - d. do not know

The following questions deal with the circumstances under which you arrived in the hospital; how you were discovered or undertook steps yourself, after your suicide attempt.

7. Can you tell me how it happened? (to be judged by interviewer).
  - a. attempt in the present/nearness of others
  - b. patient contacted someone himself/herself
  - c. someone else telephoned coincidently
  - d. someone past by/arrived coincidently

8. Who found you or whom did you contact?
  - a. close friend or relative
  - b. family
  - c. passerby
  - d. neighbor(s)
  - e. police
  - f. other, namely...
  
9. what happened next? Did someone call a doctor or an ambulance, or did you go yourself to the hospital? (several answers possible).
  - a. a doctor was contacted
  - b. local police was called
  - c. called ambulance
  - d. immediately brought to the hospital by...
  - e. went to the hospital alone
  - f. other, namely...
  
10. Did you want to be brought to the hospital or was it against your will?
  - a. I did want to go
  - b. it was against my will
  - c. other, namely...

JUDGEMENT OF SUICIDE INTENTION (for interviewer).

Interviewer: write down the answers in order to score the scale for suicide intention later on.

(For judgement of suicide intention according to Beck's list you can ask a certain number of questions, while you have the Beck's list in front of you).

1. Was anybody near you when you tried to harm yourself? e.g. in the same room, telephone conversation, etc.
2. At what moment did you do it. Were you expecting someone. Could someone soon arrive?  
Did you know that you had sometime (or did not you think about the possibility) before anyone could arrive.
3. Precaution(ary measures): Did you do anything to prevent that someone could find you, e.g. disconnect the telephone, put a note on the door, etc.
4. After you harmed yourself, did you call someone to tell what you just did?
5. Did you do anything such as paying bills, say good-bye, write a testament, once you decided to end your life?
6. Did you plan it for sometime? Did you make any preparations such as saving pills, etc.?
7. Did you write (a) farewell letter(s)?  
If yes: to whom?  
If not: did you think about writing one?
8. During the past year, did you tell, neighbors, friends and/or family members, implicitly or explicitly, that you had the intention to harm yourself?
9. Can you tell me what you hoped to accomplish by harming yourself?

SCALE FOR SUICIDE-INTENTION (to be judged by interviewer).

Score

- |                                                                                                                          |   |
|--------------------------------------------------------------------------------------------------------------------------|---|
| 1. Nearness/proximity of others during attempt:                                                                          |   |
| a. Someone present.                                                                                                      | 0 |
| b. Someone nearby or in contact (e.g. telephone).                                                                        | 1 |
| c. Nobody present.                                                                                                       | 2 |
| d. Other, namely...                                                                                                      |   |
| 2. Time of attempt:                                                                                                      |   |
| a. Such that interventions of others was likely.                                                                         | 0 |
| b. Such that intervention of others was unlikely.                                                                        | 1 |
| c. Such that intervention of others was almost impossible.                                                               | 2 |
| d. Other, namely...                                                                                                      |   |
| 3. Precaution(ary measures) to prevent discovery and/or intervention of others:                                          |   |
| a. No measures at all.                                                                                                   | 0 |
| b. Passive measures such as avoiding others, but without action (e.g. being alone in the room without locking the door). | 1 |
| c. Active measures (e.g. being alone in the room with the door locked).                                                  | 2 |
| d. Other, namely...                                                                                                      |   |
| 4. Any action to get assistance during or after the attempt:                                                             |   |
| a. Informed health professionals or social service agents of the attempt.                                                | 0 |
| b. Contacted someone, but did not inform (mental) health professional or social service agent.                           | 1 |
| c. Did not contact anyone.                                                                                               | 2 |
| d. Other, namely...                                                                                                      |   |
| 5. Last action in view of expected death:                                                                                |   |
| a. None.                                                                                                                 | 0 |
| b. Had the intention to take care of matters, such as e.g. paying bills.                                                 | 1 |
| c. Person had definitely taken care of matters, such as written a testament, given away certain personal belongings.     | 2 |
| d. Other, namely...                                                                                                      |   |
| 6. Degree of seriousness in which attempt was planned:                                                                   |   |
| a. No indication as for a plan.                                                                                          | 0 |
| b. Limited degree of planning.                                                                                           | 1 |
| c. Detailed suicide plan.                                                                                                | 2 |
| d. Other, namely...                                                                                                      |   |
| 7. Farewell letter:                                                                                                      |   |
| a. Did not write such letter and had not thought about it.                                                               | 0 |
| b. Thought about writing one, but had not done so.                                                                       | 1 |
| c. Wrote a farewell letter/note, but subsequently destroyed it.                                                          | 2 |
| d. One or more letters were found.                                                                                       |   |

8. Communication with others about suicide plan in the year preceeding the attempt:
- a. None. 0
  - b. Ambiguous or implied. 1
  - c. Explicit. 2
  - d. Other, namely...
9. Objective of attempt:
- a. To manipulate others. 0
  - b. Temporary rest. 1
  - c. Death. 2
  - d. Other, namely...



8. Did want to know if someone really cared about me.

did not influence at all my decision  influenced my action solely (totally)

9. Did want others to pay for the way they treated me.

did not influence at all my decision  influenced my action solely (totally)

10. To make someone feel guilty.

did not influence at all my decision  influenced my action solely (totally)

11. My intent was to influence someone to change his/her mind.

did not influence at all my decision  influenced my action solely (totally)

12. Did want to make matters easier for others.

did not influence at all my decision  influenced my action solely (totally)

13. Did not want to be in pain any longer.

did not influence at all my decision  influenced my action solely (totally)

14. Did want to die.

did not influence at all my decision  influenced my action solely (totally)

15. Other, namely...

did not influence at all my decision  influenced my action solely (totally)

Iter: Ask if there were other reasons which made him/her take the decision.





5. What did you gain or accomplish with your attempt(s)?
6. How did your suicide attempt affect others?
7. How did you feel about it? (i.o.w. what do you think about the impact (effect) of your attempt(s) or action on your surrounding)?
8. Were you also treated in the hospital as a result of previous attempts? If yes: give date(s), start with the most recent one.

month      year      kind of attempt

- a.
- b.
- c.
- d.

9. Did you get any assistance from anybody or organization?  
last time                      19..                      no/yes, namely...  
before that, etc.

10. In your opinion what are the chances/probabilities that you will do one of the following in the future?

very slight 

--	--	--	--	--	--	--	--

 very high

- a. hang yourself
- b. drown yourself
- c. jump from height
- d. inflict injury on yourself
- e. take drug overdose
- f. take poisonous substances
- g. jump in front of a moving vehicle
- h. burn yourself
- i. provoke an accident involving yourself
- j. other means to kill yourself, namely...

11. Do you know anyone in your family or relations who tried one of the following?

whom (relationship)	when (year)	did it result in death(was it fatal?)
------------------------	----------------	------------------------------------------

- a. hang yourself
- b. drown yourself
- c. jump from height
- d. inflict injury on yourself
- e. take drug overdose
- f. take poisonous substances
- g. jump in front of a moving vehicle
- h. burn yourself
- i. provoke an accident involving yourself
- j. other means to kill yourself, namely...

Interviewer: continue with list SU1 and SU2 (SUI ATT.); have patient fill it out. Explain question thoroughly.

SU1 and SU2.

Below are some questions about suicide. They deal with your view of suicide and your attitude towards suicide. Please mark the answers most appropriate to you.

1. If you were to commit suicide, how would you consider your act?
  - a. very cowardly
  - b. slightly cowardly
  - c. no opinion
  - d. rather courageous
  - e. very courageous
  
2. Is it your opinion that someone has to be mentally disturbed in order to commit suicide?
  - a. absolutely not
  - b. probably not
  - c. may be (perhaps)
  - d. probably yes
  - e. definitely yes
  
3. In case you commit suicide, what consequences would it have for society?
  - a. surely harmful consequences
  - b. probably harmful consequences
  - c. may be harmful/maybe favorable consequences
  - d. probably favorable consequences
  - e. surely favorable consequences
  
4. Which do you consider the worst way to die? Would you mind putting a 1 (one) behind the way you consider the worst; a 2 (two) behind the way which follows, etc. (1=worst; 5=most acceptable). Thus enter a number in each box!
  - a. murder
  - b. illness
  - c. accident or misfortune (act of nature)
  - d. suicide
  - e. old age
  - f. other, namely...
  
5. In which circumstances would you commit suicide?
  - a. If you were old and crippled.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

b. If you were suffering from a lot of pain.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

c. If you were abandoned by your (levens) partner.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

d. If you were seriously handicapped.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

e. If you became unemployed.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

f. If you would have an abnormal child.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

g. If you were to be admitted to a psychiatric hospital.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

h. If you were unable to have children.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

i. If you were terminally ill (incurable illness).

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

j. If you were to lose someone very dear to you.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

k. If you were unable to find a steady partner.

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

l. If you were responsible for someone's death

absolutely yes	probably yes	may be	probably not	absolutely not
-------------------	-----------------	--------	-----------------	-------------------

6. If you were to commit suicide:
  - a. it would surely be well considered
  - b. it would probably be well considered
  - c. no opinion
  - d. it would probably happen in an impulsive moment
  - e. it would surely happen in an impulsive moment
  
7. If you were to commit suicide, what would be the effect on people close to you?
  - a. always harmful consequences
  - b. probably harmful consequences
  - c. maybe harmful/maybe favorable consequences
  - d. probably favorable consequences
  - e. surely
  
8. How would you feel about your own suicide?
  - a. it is the worst I can do
  - b. it is one of the worst things I can do
  - c. I would mind
  - d. I would mind it some
  - e. no opinion
  
9. Do you think you have the right to commit suicide?
  - a. always
  - b. mostly yes
  - c. no opinion
  - d. mostly not
  - e. never

ARRIVAL IN THE HOSPITAL, YOUR ADMISSION/TREATMENT AND DISCHARGE.

1. Do you remember your arrival in the hospital?
  - a. I do remember it very well
  - b. I do remember it moderately
  - c. I do remember it slightly
  - d. I do not remember it at all
  
2. At what unit of the hospital did you arrive and how long were you there?
  - a. intensive care
  - b. emergency room
  - c. reanimation
  - d. other unit, namely...
  - e. do not know the name of the unit
  - f. do not know/can not remember
  
3. Afterwards were you transferred to another unit?  
If yes: what was the name of the unit and how long were you there?
  - a.
  - b.
  - c.
  - d.
  
4. Which medical treatment did you receive?
  - a. a stomach rinse
  - b. stitched wrist
  - c. took care wounds
  - d. infusion
  - e. intubation
  - f. blood test
  - g. catheter
  - h. X-ray
  - i. ECG
  - j. operation
  - k. CPR
  - l. a vomit
  - m. other, namely...
  
5. Where did you go after discharge?
  - a. home
  - b. back to the psychiatric hospital, where I resided before admission
  - c. to friend
  - d. to family
  - e. to psychiatric hospital
  - f. other, namely...

6. Were you under medical/mental care at the time of your arrival in the hospital?  
yes, namely
  - a. alcohol and drug - residential
  - b. alcohol and drug - non residential
  - c. partial care ( day hospital)
  - d. outpatient services
  - e. emergency
  - f. inpatient (County Psych. Hosp.)
  - g. inpatient (Other Psych. Hosp.)
  - h. inpatient (State Psych. Hosp.)
  - i. other ...
  
7. When did you last see your family doctor before arrival in the hospital?  
reason/complaint  
  
If last contact was within one month of treatment in UH ask questions 8, 9 and 10.
  
8. Did you receive a prescription for medication during that contact?
  - a. no :
  - b. yes, namely...
  
9. Was your last medical condition caused by the prescribed medication?
  
10. Were you able to discuss your problems with your family doctor during that particular visit?
  - a. yes, extensively
  - b. moderately
  - c. somehow
  - d. no, not at all; explain
  
11. Were you able to discuss it with others?
  - a. yes, extensively
  - b. moderately
  - c. somehow
  - d. no, not at all; explain

12. After discharge what type of follow up service did you receive?

- a. Boarding Home
- b. Child Discharged, Awaiting Placement
- c. Clergy
- d. Community Mental Health Agency
- e. County Psychiatric Hospital
- f. Criminal Justice System
- g. DYFS
- h. General Hospital
- i. Medical Doctor
- j. Nursing Home
- k. Other Psychiatric Inpatient
- l. Other Social Service Agency
- m. Private Mental Health Practitioner
- n. School System
- o. State Psychiatric Hospital
- p. Other, namely...
- q. None

13. Do you feel the assistance was helpful?

PERSONAL HISTORY AND BIOPRO PAST AND PRESENT.

Personal history:

In the questionnaire, which comes up for discussion, a number of questions will deal with the past, therefore we will make a line of life. We will represent your life as a straight line from your birth till this day. On this line we draw a number of events which occurred in your life, such as: your birth, the time you went to school, the day you started working, the time you got married, left home, when you child or children were born, etc. Anyhow, any event which is relevant to you.

(Interviewer: write a chronological summary of interviewee's biography, mark for each event the year in which it occurred).

Below are some important questions which may be asked to interviewee.  
(These will be scored).

1. Whom did you live with as a child or while growing up?
2. While growing up how was your relationship with:
  - a. parental figures
  - b. siblings
3. Family history: ask about births, deaths, marriages, psychiatric and other illnesses, divorces, separations, alcoholism, abuse/neglect, etc. of persons important to interviewee, such as parents, brothers/sisters, children, family, friends and self.
4. Did you ever experienced that somebody ill-treated you or seriously beat you?  
If yes: who did it and when did it happen?  
(If only once write the date, if it happened more than once write down starting and ending dates).
5. Did anyone ever forced you into a sexual relation?  
If yes: who forced you and when did it happen?  
(If only once write the date, if it happened more than once write down starting and ending dates).
6. Peers: did you have a lot of friends?  
Were you a leader/follower, etc.?
7. School experience(s).
8. Health history: (not scored).  
Current illnesses and medications (admissions).
9. Allergies: no  
yes: namely...
10. Psychiatric treatment( inpatient and/or outpatient);

<u>Institution</u>	<u>Dates</u>	<u>Duration</u>
1.		
2.		
3.		
11. Past medical history (significant illnesses, hospitalizations, and surgery).

Biopro past:

I have a list with a number of problems people can have. It deals with problems people encountered in the past. Thus those are not necessarily problems which are troubling you at the present time.

1. In the past did you ever have financial problems?  
e.g.: did you have too much or too little money, too little pocket money; could you hardly pay your debts; were not you able to have ends meet; did not you have a steady income; were you too prodigal/wasteful; did you suddenly have too much money, so you did not know what to do with it?
  - a. seriously
  - b. moderately
  - c. somewhat
  - d. not at allDid you receive any help? If yes: what kind and for how long?
  
2. In the past did you have ever problems with your health (also mental health)?  
e.g.: were you too fat or too skinny; did you feel tired; did you have a poor appetite; did you have stomach trouble; high BP; head aches; a serious ailment or illness.
  - a. seriously
  - b. moderately
  - c. somewhat
  - d. not at allDid you receive any help? If yes: what kind and for how long?
  
3. In the past did you have problems with living arrangements?  
e.g.: was your house too small or too big; were you in want of privacy; did you live in a unpleasant neighbourhood; did you live in poverty; were you not able to find a home.
  - a. seriously
  - b. moderately
  - c. somewhat
  - d. not at allDid you receive any help? If yes: what kind and for how long?

4. In the past did you ever have problems in your relationship with your parent(s)?  
e.g.: did you have differences of opinion; did you get along poorly; were you worried about their health.  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Did you receive any help? If yes: what kind and for how long?
5. In the past did you ever have problems with your education or training?  
e.g.: problems with education you had or just did not have; problems going to school; problems studying.  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Did you receive any help? If yes: what kind and for how long?
6. In the past did you have problems with your work or position?  
e.g.: difficulties finding work; threatening unemployment; unable to perform your duties; lack of recognition; did your work give you or just did not give you satisfaction; your salary.  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Did you receive any help? If yes: what kind and for how long?
7. In the past did you ever have problems with your partner?  
(husband, wife, fiance(e), steady boy- or girlfriend?)  
e.g.: were you not sure whether or not he/she was the right partner for you; did you get irritated by his/her habits; were you afraid to lose him/her; was your marriage on the rock; did you have other interests, hobbies than him/her; did you have problems concerning his/her health?  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Did you receive any help? If yes: what kind and for how long?

8. In the past did you ever have problems with other persons who were important to you?  
e.g.: with your boy- or girlfriend; children; boarders; brothers and/or sisters; relatives?  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Did you receive any help? If yes: what kind and for how long?
9. In the past did you ever have problems with social relations?  
e.g.: did you have difficulties making and/or keeping contacts; making friends; difficulties starting and maintaining a conversation; did you have few visitors; would you have preferred more contacts.  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Did you receive any help? If yes: what kind and for how long?
10. In the past did you ever have sexual problems?  
e.g.: was making love a problem for you; was it difficult for you to control your sexual needs; were you sexually limited; did you have too little sexual attraction (sex appeal); did you have unusual sexual desires; did you have other sexual problems.  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Did you receive any help? If yes: what kind and for how long?
11. In the past did you ever have problems with religion?  
e.g.: did you stop believing or did you have your doubts; did you think differently about religion than your family; did you have you doubts about the existence of God; did you get satisfaction from religion or did you find satisfying resolutions; did you have problems with the Church or with devine services; did you feel you were sent by God.  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Did you receive any help? If yes: what kind and for how long?

12. In the past did you have difficulties with the fact that you did not have enough opportunities for personal growth?  
e.g.: did you have the desire to learn certain things; would you have liked to go in for sport, music, culture, hobbies, etc.
- a. seriously
  - b. moderately
  - c. somewhat
  - d. not at all
- Did you receive any help? If yes: what kind and for how long?

13. In the past did you have problems in the way you perceived yourself?  
e.g.: too little self-confidence; weightiness; worries about insignificant matters; having difficulties relaxing; inferiority complex; too little guts; shyness or similar problems.
- a. seriously
  - b. moderately
  - c. somewhat
  - d. not at all
- Did you receive any help? If yes: what kind and for how long?

14. In the past did you ever worry about the future?  
e.g.: if you were to become unemployed, what would become of you and your children(family) or other persons, important to you.
- a. seriously
  - b. moderately
  - c. somewhat
  - d. not at all
- Did you receive any help? If yes: what kind and for how long?

15. In the past did you ever have alcohol and/or drug related problems?
- a. e.g.: use of drugs; abuse of medication; having a drink early in the morning, drinking a substantial amount of alcohol on a regular basis.

b. If yes, when:                    alcohol            drugs            medication

c. Were there times that you felt you could not function without medication?

If yes: about what medication did you feel that way?

type                    period(s)                    does it still apply

The above questions will now be repeated for the present.

Biopro present:

1. At the present time do you have financial problems?  
e.g.: do you have too much or too little money, too little pocket money; can you hardly pay your debts; are not you able to have ends meet; do not you have a steady income; are you too prodigal/wasteful; do you suddenly have too much money, so you do not know what to do with it?
  - a. seriously
  - b. moderately
  - c. somewhat
  - d. not at allDo you receive any help? If yes: what kind and since when?
  
2. At the present time do you have problems with your health (also mental health)?  
e.g.: are you too fat or too skinny; do you feel tired; do you have a poor appetite; do you have stomach trouble; high BP; head aches; a serious ailment or illness.
  - a. seriously
  - b. moderately
  - c. somewhat
  - d. not at allDo you receive any help? If yes: what kind and since when?
  
3. At the present time do you have problems with living arrangements?  
e.g.: is your house too small or too big; are you in want of privacy; do you live in a unpleasant neighbourhood; do you live in poverty; are not you able to find a home.
  - a. seriously
  - b. moderately
  - c. somewhat
  - d. not at allDo you receive any help? If yes: what kind and since when?
  
4. At the present time do you have problems in your relationship with your parent(s)?  
e.g.: do you have differences of opinion; do you get along poorly; are you worried about their health.
  - a. seriously
  - b. moderately
  - c. somewhat
  - d. not at allDo you receive any help? If yes: what kind and since when?

5. At the present time do you have problems with your education or training?  
e.g.: problems with education you have or just do not have; problems going to school; problems studying.  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Do you receive any help? If yes: what kind and since when?
6. At the present time do you have problems with your work or position?  
e.g.: difficulties finding work; threatening unemployment; unable to perform your duties; lack of recognition; does your work give you or just does not give you satisfaction; your salary.  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Do you receive any help? If yes: what kind and since when?
7. At the present time do you have problems with your partner? (husband, wife, fiance(e), steady boy- or girlfriend?)  
e.g.: are you not sure whether or not he/she is the right partner for you; do you get irritated by his/her habits; are you afraid to lose him/her; is your marriage on the rock; do you have other interests, hobbies than him/her; do you have problems concerning his/her health?  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Do you receive any help? If yes: what kind and since when?
8. At the present time do you have problems with other persons who are important to you?  
e.g.: with your boy- or girlfriend; children; boarders; brothers and/or sisters; relatives?  
a. seriously  
b. moderately  
c. somewhat  
d. not at all  
Do you receive any help? If yes: what kind and since when?

9. At the present time do you have problems with social relations?  
e.g.: do you have difficulties making and/or keeping contacts;  
making friends; difficulties starting and maintaining a  
conversation; do you have few visitors; would you prefer more  
contacts.

a. seriously  
b. moderately  
c. somewhat  
d. not at all

Do you receive any help? If yes: what kind and since when?

10. At the present time do you have sexual problems?  
e.g.: is making love a problem for you; is it difficult for you  
to control your sexual needs; are you sexually limited; do you  
have too little sexual attraction (sex appeal); do you have un-  
usual sexual desires; do you have other sexual problems.

a. seriously  
b. moderately  
c. somewhat  
d. not at all

Do you receive any help? If yes: what kind and since when?

11. At the present time do you have problems with religion?  
e.g.: did you stop believing or do you have your doubts; do you  
think differently about religion than your family; do you have  
your doubts about the existence of God; do you get satisfaction  
from religion or do you find satisfying resolutions; do you  
have problems with the Church or with devine services; do you  
feel you were sent by God.

a. seriously  
b. moderately  
c. somewhat  
d. not at all

Do you receive any help? If yes: what kind and since when?

12. At the present time do you have difficulties with the fact that  
you do not have enough opportunities for personal growth?  
e.g.: do you have the desire to learn certain things; would you  
like to go in for sport, music, culture, hobbies, etc.

a. seriously  
b. moderately  
c. somewhat  
d. not at all

Do you receive any help? If yes: what kind and since when?

13. At the present time do you have problems in the way you perceive yourself?

e.g.: too little self-confidence; weightiness; worries about insignificant matters; having difficulties relaxing; inferiority complex; too little guts; shyness or similar problems.

- a. seriously
- b. moderately
- c. somewhat
- d. not at all

Do you receive any help? If yes: what kind and since when?

14. At the present time do you worry about the future?

e.g.: if you were to become unemployed, what would become of you and your children (family) or other persons, important to you.

- a. seriously
- b. moderately
- c. somewhat
- d. not at all

Do you receive any help? If yes: what kind and since when?

15. At the present time do you have alcohol and/or drug related problems?

- a. e.g.: use of drugs; abuse of medication; having a drink early in the morning, drinking a substantial amount of alcohol on a regular basis.

b. If yes, when:            alcohol        drugs        medication

c. Are there times that you feel you can not function without medication?

If yes: about what medication do you feel that way?

type                    period(s)



Drugs:

relationship:

does he/she still have problems  
with it at the present time?

- a.
- b.
- c.
- d.
- e.

10. The month prior to your treatment/admission did you use medication, prescribed by a doctor?

- a. yes
- b. no

If no: proceed to question 12.

If yes: what kind?

(Interviewer: try to describe it as literally as possible if patient is not able to give name).

- a. tranquilizers
- b. sleeping pills
- c. antidepressants
- d. pills for high blood pressure
- e. other, namely

11. How often did you take the medication?

- a. a few times
- b. a few times per week
- c. daily
- d. several times per day
- f. other, explain

12. Did you take any prescription drugs three months prior to your treatment/admission.

- a. yes
- b. no

If not: proceed to question 14.

If yes: what kind?

- a. tranquilizers
- b. sleeping pills
- c. anti depressants
- d. pills for high blood pressure
- e. other, namely...

13. How often did you take the meds?

- a. a few times
- b. a few times per week
- c. daily
- d. several times per day
- e. other, explain

14. Did you take any medication prescribed by a doctor twelve months prior to your treatment/admission?

- a. yes
- b. no

If yes: what kind

- a. tranquilizers
- b. sleeping pills
- c. antidepressants
- d. pills for high blood pressure
- e. other, namely...

15. How often did you take the meds?

- a. a few times
- b. a few times per week
- c. daily
- d. several times per day
- e. other, explain

16. Did you take any medication today?

17. The month prior to your treatment/admission did you use non-prescription drugs?

If yes: what kind and how often?

SEEKING ASSISTANCE OR IN SEARCH OF SOLUTIONS.

I have a list with several things people can do when they have problems or personal difficulties. When we look back to the problems you encountered during the past ten years, could you tell me how you seek/searched for assistance with your problems?

(Interviewer: mention numbers 1 through 20 of the list below and ask respectively how often patient made use of those possibilities).

1. Spoke with a social worker:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
2. Used tranquilizers:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
3. Spoke with neighbors:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
4. Discussed it with family doctor:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
5. Called hotline:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
6. Thought about it as little as possible:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never

7. Visited a social service agency:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
8. Discussed it with my husband/wife/fiance<sup>e</sup> (e):
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
9. Discussed it with my children:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
10. Discussed it with a family member:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
11. Tried to resolve the problem without the help of others:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
12. Asked a reliable neighbor for advice:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
13. Consulted a psychologist or a psychiatrist:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never

14. Discussed it with a priest or pasture:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
15. Discussed it with a district nurse:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
16. Visited a magnetizer, clairvoyant, mesmerist or palmreader:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
17. Spoke to a friend or an acquaintance:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
18. Discussed it with a physiotherapist:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
19. Discussed it with a colleague:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
20. Communicated with God:
  - a. almost always
  - b. often
  - c. sometimes
  - d. a few times
  - e. never
  
21. Other, namely...

Comment: Would you have attacked the problem differently at present time?

SOCIAL NETWORK.

I would like to ask you a few questions about the relationship with your family, friends, relatives, neighbors, etc.

1. With whom do you live in the same house?

Relationship:                      Do you feel they understand you well?

a.

very well         not at all

b.

very well         not at all

c.

very well         not at all

d.

very well         not at all

e.

very well         not at all

f.

very well         not at all

g.

very well         not at all

h.

very well         not at all

\* Not applicable, I live in a nursing home, senior citizen home, psychiatric hospital, etc.

2. I also would like to know how often, in the past year, you saw the following persons.  
The point is how often you had contacts, either by telephone, through visits, letters, etc., with persons with whom you did not live in the same house.

Please respond with with one of the following:  
N/A, never, a few times per year, a few times per month, once a week, several times per week, every day.

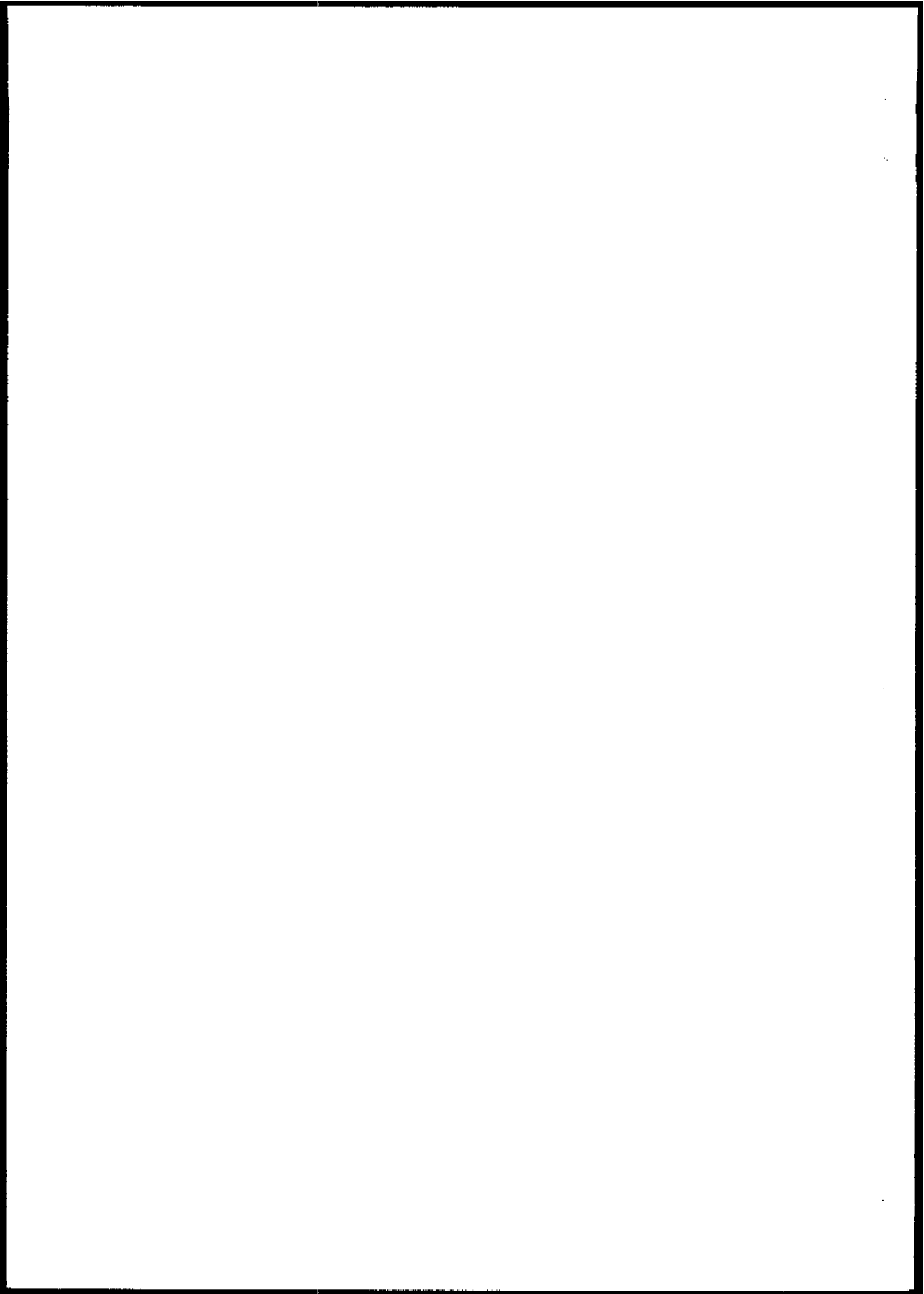
- a. husband/wife
  - b. partner
  - c. parent(s)
  - d. children
  - e. other fam. members
  - f. good friend, namely
  - g. fiancé(e)
  - h. steady boy/girlfriend
  - i. colleagues
  - j. schoolfriend/peer
  - k. people from a sporting club, etc.
  - l. other contacts, namely...
3. With what people, not living with you, do you have generally most contacts? (e.g. father, mother, partner, friend, neighbors, children, etc.).
4. Can you list these people, starting with the one you have most contacts with and ending with the one you have least contacts with.
- a.
  - b.
  - c.
  - d.
  - e.
5. Do you have the feeling that they understand you well?

Relationship:	understand me very well	don't understand me at all
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>

6. How many real good friends do you have?







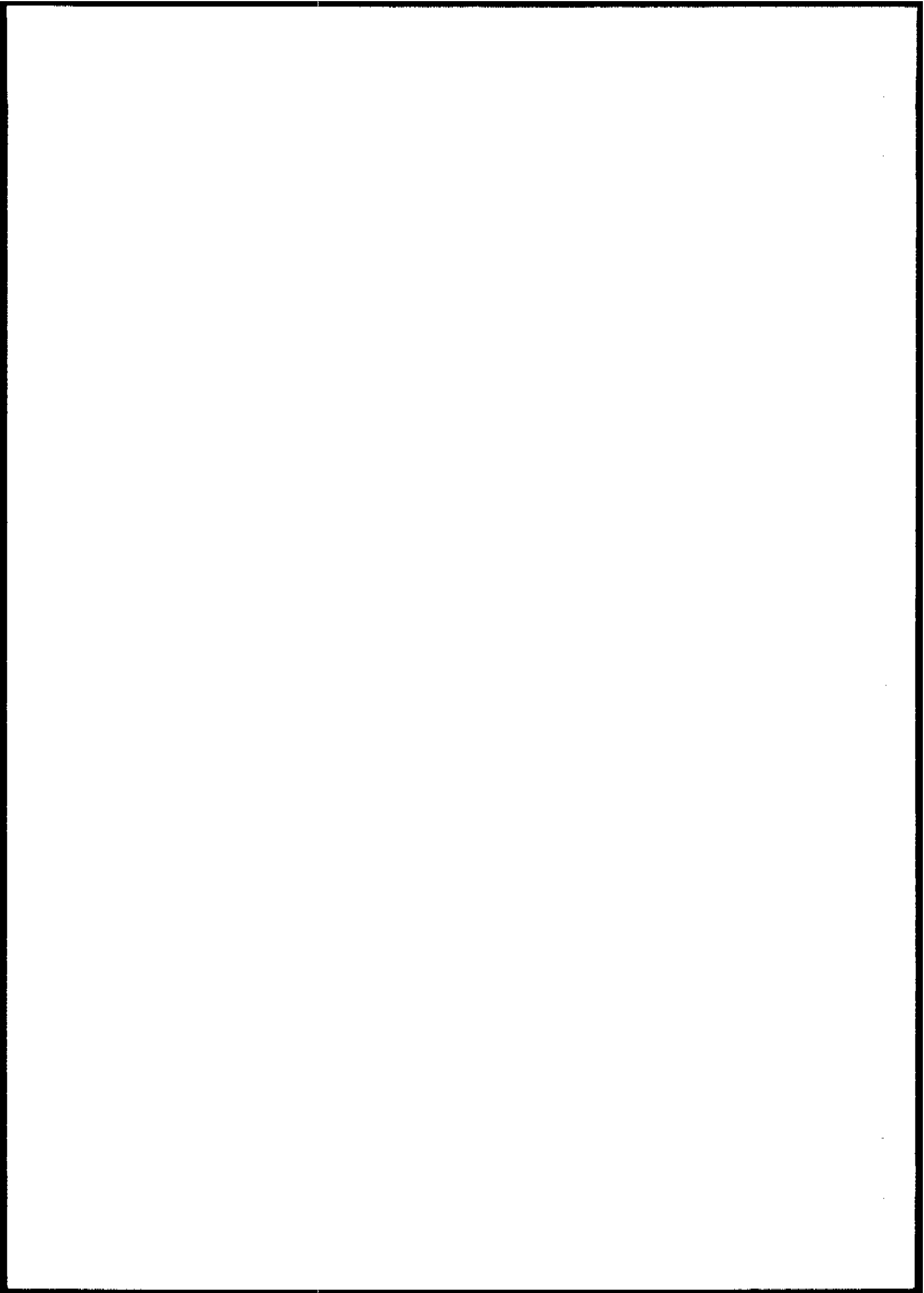
Interview schedule part II for project on characteristics  
of parasuicides, factors of repetition and  
preventive possibilities

by

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The sequence in which the questionnaire should be presented is shown below

VOEG-list	: oral
Beck-list (B1 and B2)	: written, if not possible, oral
List Z	: written, if not possible, oral
List R1 and R2	: preferable oral, written also possible
List D1 and D2	: preferable written with clear instructions concerning the 7-point scale; if not possible, oral
List T	: preferable oral, written also possible
List K	: preferable oral, written also possible



VOEG-list (Questionnaire about your health).

The questions below deal with your current state of health.

You can answer the questions by means of circling either "yes" or "no".

- |     |                                                                                   |     |    |
|-----|-----------------------------------------------------------------------------------|-----|----|
| 1.  | Is your appetite less than normal?                                                | yes | no |
| 2.  | At times do you have a feeling of nervousness/heaviness in your stomach region?   | yes | no |
| 3.  | Are you easily short of breath?                                                   | yes | no |
| 4.  | At times do you have pains in your chest or heart region?                         | yes | no |
| 5.  | At times do you have pain in the stomach region?                                  | yes | no |
| 6.  | Do you have often a bad or sweet taste in your mouth?                             | yes | no |
| 7.  | Do you frequently have palpitations of the heart or pounding in the heart region? | yes | no |
| 8.  | Do you frequently feel tight in the chest?                                        | yes | no |
| 9.  | Do you have complaints about pain in bones and/or muscles?                        | yes | no |
| 10. | Do you often feel tired?                                                          | yes | no |
| 11. | Do you frequently have headaches?                                                 | yes | no |
| 12. | Do you frequently have abdominal pain?                                            | yes | no |
| 13. | Do you frequently have backpain?                                                  | yes | no |
| 14. | Is your stomach frequently upset?                                                 | yes | no |
| 15. | Do you have a numb or tickling feeling/sensation in your limbs?                   | yes | no |
| 16. | Do get tired faster than you consider normal?                                     | yes | no |
| 17. | Do you frequently have dizzy spells?                                              | yes | no |
| 18. | Do you frequently feel listless?                                                  | yes | no |
| 19. | Do you frequently have vague stomach complaints?                                  | yes | no |
| 20. | Do you frequently feel sleepy or dull?                                            | yes | no |
| 21. | In general do you wake up tired and not well rested?                              | yes | no |

BECK-list.

On the basis of this questionnaire I would like to establish how you feel at this very moment (say the last two days). Below are 21 questions, each with four options. Read the questions carefully and mark the option which reflects best the way you feel at the present time.

1.   a. I do not feel sad.  
     b. I feel sad.  
     c. I am constantly sad and I can not detach myself from this feeling.  
     d. I feel so sad and unhappy that I can not stand it any longer.
2.   a. I do not feel particular discouraged by the future.  
     b. I feel discouraged about the future.  
     c. I feel that I do not have anything to look forward to.  
     d. I have the feeling that the future is hopeless and that there is no improvement.
3.   a. I do not feel I am a failure.  
     b. I feel I failed more than the average person.  
     c. When I look back at my life, I only see a lot of failures.  
     d. I have the feeling that I am a total failure.
4.   a. I experience as much satisfaction with everything I do as before.  
     b. I do not enjoy things as before.  
     c. Nothing gives me any satisfaction anylonger.  
     d. I think everything is equally tiresome.
5.   a. I do not feel particularly guilty.  
     b. From time to time I feel guilty.  
     c. Most of the time I feel guilty.  
     d. I feel guilty all the time.
6.   a. I do not have the feeling being punished.  
     b. I have the feeling that I could be punished.  
     c. I expect to be punished.  
     d. I have the feeling being punished.
7.   a. I do not feel disappointed with myself.  
     b. I am disappointed with myself.  
     c. I am disgusted with myself.  
     d. I hate myself.
8.   a. I do not feel worse than anybody else.  
     b. I am critical about myself, because of my weakness and errors.  
     c. I reproach/blame myself constantly for my mistakes.  
     d. I reproach/blame myself for all the bad things which happen.

9.
  - a. I do not think about suicide.
  - b. I think about suicide, but will not execute it.
  - c. I would like to kill myself.
  - d. I would kill myself, if I had a chance.
  
10.
  - a. I do not cry more often than usual.
  - b. Now I cry more often than usual.
  - c. At the present time I cry constantly.
  - d. In the past I could cry, but now I can not, even if I would like to.
  
11.
  - a. I am not more irritated than usual.
  - b. Now I get irritated or annoyed easier than usual.
  - c. Nowaday I get irritated constantly.
  - d. I do not get irritated anymore by things which irritated me before.
  
12.
  - a. I did not lose my interest in other people.
  - b. I am less interested in people than usual.
  - c. I lost most of my interest in other people.
  - d. I lost all my interest in other people.
  
13.
  - a. I do not think it is more difficult than usual for me to make decisions.
  - b. I postpone making decisions more often than usual.
  - c. I have more difficulties making decisions.
  - d. I can not make any decisions anymore.
  
14.
  - a. I have the impression/feeling that I look worse than usual.
  - b. I worry about looking old and/or unattractive.
  - c. I have the feeling that there are permanent changes in my appearance, which make me look unattractive.
  - d. I believe I look awful.
  
15.
  - a. I am able to work, more or less, as well as before.
  - b. It takes me more efforts to start something.
  - c. I have to force myself to start something.
  - d. I can not do anywork anymore.
  
16.
  - a. I sleep as well as always.
  - b. I do not sleep that well anymore.
  - c. I wake up one or two hours earlier than usual and I find it difficult to get back to sleep.
  - d. I wake up several hours earlier than usual and I am not able to get back to bed.
  
17.
  - a. I do not get more tired than usual.
  - b. I get tired easier than usual.
  - c. Almost everthing makes me tired.
  - d. I am too tired to do something.

18. a. My appetite is not worse than usual.  
b. My appetite is not as good as usual.  
c. Lately, my appetite is getting worse.  
d. I do not have an appetite at all anylonger.

19. a. I lost little or no weight lately.  
b. I lost more than 5 lbs.  
c. I lost more than 10 lbs.  
d. I lost more than 15 lbs.

I try on purpose to lose weight by eating less. yes/no

20. a. I do not worry more than usual about my health.  
b. I do not worry about physical problems; e.g. pain, an upset stomach or constipation.  
c. I worry a lot about physical problems and it is difficult to think about anything else.  
d. I worry so much about my physical problems that I can not think about anything else.

21. a. I did not notice any change in my interest for sex lately.  
b. I am less interested in sex than usual.  
c. Now I am much less interested in sex.  
d. I completely lost my interest in sex.

List Z.

The questions below are important to establish how you feel about yourself at this moment.

It is the intention that for each statement you indicate how much you agree with it. You can do so by marking the appropriate answers.

1. I have the feeling that I am at least as worthy as other people.
  - a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally
  
2. Altogether I have the tendency to see myself as a failure.
  - a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally
  
3. I have the feeling that I have a number of qualities.
  - a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally
  
4. I am able to do things as well as other people.
  - a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally
  
5. I have the feeling that I do not have much to be proud of.
  - a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally
  
6. I have a very positive view of myself.
  - a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally
  
7. Altogether I am satisfied with myself.
  - a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally
  
8. I wish I could have more respect for myself.
  - a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally

9. Sometimes I really feel worthless.
- a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally

10. Sometimes I think that I am a good-for-nothing.
- a. agree totally
  - b. agree somewhat
  - c. disagree somewhat
  - d. disagree totally

List R1 and R2.

Below you will find some sentences. In case you think that the sentence is correct as far as you are concerned, circle the letter "C" for "correct". If you think the sentence is not correct, circle the letter "I" for "incorrect".

In case you have any doubt or in case something is sometimes correct and sometimes incorrect, circle the word which prevails most of the time, even if the difference is very slight.

Do not skip any questions! There are no good or bad answers; the objective is to find out what you think.

1. Usually I am the last one to give up when we want to accomplish something. C I
2. Usually there is only one good way to resolve most problems. C I
3. I love work where trifles (details) demand a lot of attention. C I
4. Often the things I do take me up so much that I have difficulties to direct my attention to something else. C I
5. I do not like to change plans once I started something. C I
6. I never drive through a traffic light once it turned to orange. C I
7. Usually I stick to my opinion, eventhough there are as many people who think differently. C I
8. I keep to my schedule without difficulties once I start it. C I
9. I do not get accustomed very easily to new and unusual situations. C I
10. I prefer to wait to see which way the cat jumps; even in case of very simple matters. C I
11. In the life I try to lead, to do one's duty is the most important. C I
12. Usually I find my way to solve a problem the best, eventhough I am not successful right away. C I
13. I always do things according to plan. C I
14. Most of the time I think it is wise to do things in a familiar way. C I
15. I always finish the things I start, eventhough they are not as important. C I
16. Often I notice that for days I have the same tune in my head. C I
17. I have a workplan/schedule which I follow carefully. C I

- |                                                                                                                                 |   |   |
|---------------------------------------------------------------------------------------------------------------------------------|---|---|
| 18. Usually I check several times if I locked the door, turned off the light and other similar things/matters, just to be sure. | C | I |
| 19. I never do something dangerous just for the thrill of it.                                                                   | C | I |
| 20. I find punctuality a very important quality.                                                                                | C | I |
| 21. I am always careful about the way I dress.                                                                                  | C | I |
| 22. I always dress and undress in the same sequence.                                                                            | C | I |

List D1 and D2.

Through this questionnaire I would like to establish how you would describe LIFE and DEATH at the present time.

For both, you will find below a number of divergent (different) descriptions.

It is the understanding that you mark the box, which you feel is most applicable to you.

Stay with your first impression, do not think too long about your answer.

LIFE

good	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	bad
pleasant/nice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	unpleasant
unpleasurable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pleasurable
just/righteous	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	unjust
worthless	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	valuable
happy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	sad
dishonest	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	honest
beautiful	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ugly
passive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	active
fast	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	slow
cold	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	warm
intrusive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	superficial

strong

--	--	--	--	--	--	--	--

weak

insignificant

--	--	--	--	--	--	--	--

awe-inspiring

hard

--	--	--	--	--	--	--	--

soft

light

--	--	--	--	--	--	--	--

heavy

rough

--	--	--	--	--	--	--	--

delicate

dirty/filthy

--	--	--	--	--	--	--	--

pure



1. In your profession, occupation or daily tasks are you always industrious or are you only active by fits and starts or are you, as a matter of course, lazy?
  - a. industrious (always very active)
  - b. sometimes active (only by fits and starts)
  - c. generally lazy
  
2. In your spare time do you prefer to work on something, (e.g.: make repairs, garden, do needlework, etc.), or are you inclined to take it easy?
  - a. prefer to do something.
  - b. take it easy
  
3. Are you inclined to postpone matters, (e.g.: writing letters, clearing away things), or do you prefer to finish them at once?
  - a. inclined to postpone
  - b. prefer to finish matters right away
  
4. Are you emotional, (e.g.: are you affected by details more than most people; easily very happy or sad), or are you not emotional?
  - a. emotional
  - b. not emotional
  
5. After the lost of someone very dear to you, do you get over it rapidly, (e.g.: comforted/consoled fast), or does it take a long time?
  - a. comforted rapidly
  - b. it takes a long time
  
6. Once you get mad at someone, does your anger disappear rapidly, are you mad for sometime or is it difficult for you to reconcile?
  - a. anger disappears fast
  - b. mad for sometime
  - c. difficult to reconcile
  
7. Is your sympathy for people very constant or is it variable, (e.g.: one day you consider someone your best friend; the next day you consider him, without a valid cause, your worst enemy)?
  - a. sympathy is constant
  - b. sympathy is variable
  
8. Are you attached to old remembrances (e.g.: keep childhood friends, visit your birthplace, go to grave of deceased, etc.), or are you more concerned with new impressions and friends?
  - a. attached to old remembrances
  - b. more concerned with new impressions and friends

9. Once you form your opinion, do you stick to it obstinately, do you have an ear for new ideas or are you easily persuaded?
  - a. stick to own opinion
  - b. open for new ideas
  - c. easily persuaded
  
10. Do you welcome changes (e.g.: a move, redecorate the house or a room; the need to see or experience new things, just to get out of the daily routine), or do you prefer routine and old habits?
  - a. welcome changes
  - b. prefer routine and old habits
  
11. After elementary school did you often, once or never change jobs or occupation?
  - a. often
  - b. once
  - c. never
  
12. Are you often, from time to time or never occupied with big plans, which never will be realized?
  - a. often
  - b. from time to time
  - c. never
  
13. In general do you consider the future, (e.g.: saving for later), or do you only consider immediate gratification, (e.g.: spending on a day to day basis).
  - a. consider the future
  - b. immediate gratification
  
14. In general do you act and/or behave in accordance with your principals and believes or do you deviate from them?
  - a. in accordance with principals
  - b. deviate from them