

# **APÈNDIX 1: QÜESTIONARIS**

- 1 **Qüestionari de Informació General.** (Anomenat - *General Information*) Inclou:
  - La escala del Risc de Repetició Kreitman & Foster, 1991
  - Els quatre factors de risc Brown & Harris, 1978
  - Classe Social per Ocupació HMSO, 1991
- 2 **General Health Questionnaire (GHQ-30)** Goldberg & Williams, 1988
- 3 **Instrument del Lligam als Pares** (Anomenat – *Attitudes of Mother (and Father) Questionnaire*)  
Parental Bonding Instrument, PBI Parker i col., 1979
- 0 **Inventari d'Expressió de la Rauxa** (Anomenat – *Anger Questionnaire*)  
Anger Expression Inventory, AXI Spielberger, 1991
- 1 **Escales de Maltractament** Maltreatment Scales, Briere & Runtz, 1988
  - Físic (Anomenat – *Physical Experiences Scale*)
  - Psicològic (Anomenat – *Psychological Experiences Scale*)
- 2 **Sexual Life Experiences Questionnaire** Coll i col., 1998
  - Sense contacte físic (Inclou – *Section 1 & Section 2*)
  - Amb contacte físic (Inclou – *Section 3 & Section 4*)
- 3 **L'Escala de Desesperança de Beck** (Anomenada – *Opinions at the time of the overdose Questionnaire*)  
Beck Hopelessness Scale, BHS, Beck i col., 1974b; Beck & Steer, 1988
- 8 **Perfil dels Estats d'Ànim** (Anomenat – *Feelings at the time of the overdose Questionnaire*)  
Profile of Mood States, POMS-BI, Lorr & McNair, 1984
- 9 **Escala de Beck de la Ideació Suïcida** (Anomenada-*Details of the overdose questionnaire*)  
Beck's Scale for Suicide ideation, Beck i col., 1974b; Beck & Steer, 1991
- 0 **Escales de les Situacions de la Vida Diària** (Anomenades – *Recent Life Events Questionnaire*)  
Life Events Scales, Tennants i Andrews, 1976, 1977
- 11 **Escala del Locus de Control Multidimensional** (Anomenada – *Attitude Questionnaire Part 1*)  
Multidimensional Locus of Control Scales, Levenson, 1973, 1981

- 1 **Escala V de Maquiavelianisme** (Anomenada – *Attitude Questionnaire Part 2*)  
Machiavellianism Scale (Mach V), Christie i Geis, 1970
- 13 **L'Escala d'Alexitimia de Toronto** (Anomenada – *Attitude and Experiences Questionnaire*)  
Toronto Alexithymia Scale, Taylor i col., 1985
- 14 **L'Índex d'Hipocondriasi de Whitley** (Anomenat – *Health Questionnaire Part 1*)  
The Whitley Index of Hypochondriasis, Pillowsky i Spence, 1983
- 2 **L'Escala d'Ansietat a la Mort** (Anomenada – *Health Questionnaire Part 2A*)  
The Death Anxiety Scale, Templar, 1970
- 16 **L'Índex d'Ansietat-Sensitivitat de Reiss-Epstein-Gursky** (Anomenat - *Health Questionnaire Part 2B*)  
Reiss – Epstein – Gursky Anxiety Sensitivity Index, Reiss i col., 1986; Peterson i Reiss, 1993
- 17 **La subescala de Somatització de la Llista de Síntomes** (Anomenada -*Health Questionnaire Part 2B*)  
The Symptom Checklist, SCL-90-R, Derogatis, 1983
- 18 **L'Escala d'Experiències Dissociatives** (Anomenada – *Experiences Questionnaire*)  
The Dissociative Experiences Scale, Bernstein i Putman, 1986
- 19 **El Qüestionari d'Autoestima de Robson** (Anomenat – *Self Concept Questionnaire*)  
Self-Esteem Questionnaire, Robson, 1989

**20 L'Escala de Sexualitat** (Anomenada - *General Sexuality Questionnaire Part 1*)

The Sexuality Scale, Snell i Papini, 1989; Snell i col., 1992

**21 El Inventari de Satisfacció Sexual de Golombok Rust** (Anomenat - *General Sexuality Questionnaire Part 2*)

The Golombok Rust Inventory of Sexual Satisfaction, Rust i Golombok, 1986

**22 Cuestionario de Experiencias Sexuales** Coll i col., 2000

Code number:

**LIFE**  
**EXPERIENCES**  
**STUDY**

## EXPLANATION OF THE RESEARCH

### Please read these notes

#### Aim of Research

We would very much appreciate if you could help us by taking part in this study of deliberate self-harm (e.g. suicidal attempt) and certain physical, sexual and psychological experiences. The aim is to find ways of helping people with these experiences, which we now know affects probably the majority of people. Even if this does not apply to you we still need your help to get accurate figures. You have been invited to take part either because you are someone in a consecutive series of people who have harmed themselves or because we also need to see people of the same age and sex as those who have done so. This research has been authorised by a committee of senior doctors from this hospital.

#### Our Request

We are asking you to do two things for us. Firstly, to fill in the attached questionnaire which is likely to take about 60 minutes, and secondly to have a brief discussion with the researcher. This discussion is to give you an opportunity to talk about these issues if you wish and to check that you have answered the questions appropriately. It is not to obtain any more information from you, but will allow you to ask questions.

#### Questionnaire

Some of the questions here are very personal and not the sort of thing you might want anyone else to know about. For some it may be personally embarrassing or painful even to think about these things, and we would suggest you don't dwell on any question for long. We understand how you may feel and ask, therefore, only that you answer as honestly as you can. In the past researchers have been reluctant to ask these sorts of questions, but today people are beginning to discuss these things in public and research in this area is desperately needed. We apologise in advance for any unclear questions and the frustration this may cause. Please feel free to mark the edge the paper if there is any part you would like to bring up in the discussion afterwards.

#### Confidentiality

All the information you give will be strictly confidential, just as it is with your own doctor. Both researchers are doctors, there will be nothing on the questionnaire or attached to it that can be used to identify you subsequently. No one but the researchers will know the code connecting the number on the card and the number on the questionnaire. The card is needed in case we meet you on more than one occasion. All questionnaires and cards will be guarded by us with the utmost care. No attempt will be made to check any details you give us with other people or from your records. No one but the researchers will have access to the information you give us.

### Exception

Although the questionnaire tries to avoid questions to which this situation may apply, if you were to indicate in any way that a child (someone under 16 years of age) is currently being abused or is at risk of being abused physically or sexually, we have a moral obligation to contact the relevant authorities. This would occur if you indicated that a child was having contact with a known abuser in a situation where abuse could be taking place (i.e. when alone together). The researcher will not ask these sorts of questions, but if you wish to disclose such a situation you may do so. This is the only exception to the rule of confidentiality, which will otherwise be absolute.

### What's in it for you?

We hope you will feel good for having helped us, and helping science progress. With your help we hope to be able to help better those who harm themselves and who have certain physical, sexual and psychological experiences, in the future.

If you feel you need counselling or treatment for any of the issues raised, please discuss it with the researcher after you have completed the questionnaire. We are able to refer you for counselling to specialists within the hospital if you request it, and we agree with you that it is appropriate.

Taking part in the research or declining to do so will not influence your treatment or discharge from the hospital in any way whatsoever. If you decline to take part in the research, you may still discuss the issue of counselling with us.

Thank you for reading these notes. Much as we would like your further co-operation, you are under no obligation to participate and may simply hand this back to the researcher if you do not wish to take part. Your decision whether to take part or not will not affect the normal treatment you are having here.

### IMPORTANT ADVICE FOR ALL THE QUESTIONNAIRES

1. THERE ARE NO TESTS OF ABILITY OR INTELLIGENCE AND NO TRICK QUESTIONS. We are interested only in your personal opinions and your beliefs about the truth, and so obviously THERE ARE NO RIGHT AND WRONG ANSWERS. Please don't select the one you'd like to be true.
2. YOUR ANSWERS WILL MAKE NO DIFFERENCE TO ANY TREATMENT you will receive on the ward here.
3. TRY TO RESPOND TO EACH ITEM INDEPENDENTLY. Please do not be influenced by your previous choices.
4. WORK AS QUICKLY AS POSSIBLE, as the questionnaires are designed to be answered quickly. First impressions are usually best, so please do not spend a long time on any one item. EACH PAGE SHOULD TAKE ONLY ONE OR 2 MINUTES (with a few exceptions).
5. MARK THE MARGIN IF YOU CAN'T DECIDE ON AN ANSWER RAPIDLY, and come back to it later. If you still can't decide, discuss it with the researcher at the end. Please do not ask the nurses for help as they are very busy.
6. PLEASE TRY YOUR BEST TO ANSWER EVERY QUESTION, EVEN IF IT SEEMS STUPID. We have chosen the questions very carefully, and are interested in your answers to every one of them.
7. IF SOME OF THE QUESTIONS UPSET OR ANNOY YOU, PLEASE TRY TO CONTINUE, as research is vitally needed with people who are upset or annoyed by them. If you become too distressed please stop.
8. PLEASE DON'T DISCUSS THE RESEARCH WITH ANYONE ELSE ON THE WARD, unless they have already done it too, and there is no one who can overhear you.
9. IF YOU GET TIRED OR BORED WITH IT, PLEASE TAKE A 10 OR 15 MINUTE BREAK BEFORE CONTINUING.
10. Please USE THE ENVELOPE PROVIDED to put completed questionnaires in, so that no one else can see your answers.

THANK YOU FOR YOUR COOPERATION.

## GENERAL INFORMATION

Please tick or write in the space provided.

1. Date of birth ...../...../.....
2. Sex Female ..... Male .....
3. Legal status
 

a)	Single (never married)	
b)	Married only once (include common law marriage)	- - - -
c)	Remarried	- - - -
d)	Married but separated	- - - -
e)	Divorced (Decree absolute)	- - - -
f)	Widowed	- - - -
4. Ethnic or racial origin (if you are descended from more than one ethnic or racial group, please tick the one to which you consider you belong):
 

a) White	e) Indian
b) Black- African	f) Bangladeshi
c) Black-Caribbean	g) Pakistani
d) Black-Other	h) Chinese
e) Other (please specify)	

- - - - -
5. Please give details of your current or most recent main paid occupation (include F/T, P/T, casual or temporary work).
 

a)	Never worked	
b)	Industry or profession	- - - - -
c)	Full job title (with rank or grade if you have one, e.g. Manager or supervisor/foreman, etc).	- - - - -
d)	Brief description of main things you actually do or did in the job (if a civil servant, please give discipline and specialism).	- - - - -
		- - - - -
		- - - - -
6. Current work situation (tick more than one, if necessary)
 

a)	Full time paid employment	
b)	Part time, casual or temporary paid employment	- - - - -
c)	Self employed (F/T or P/T)	- - - - -
d)	Unpaid voluntary work (F/T or P/T)	- - - - -
e)	Full time or unpaid domestic duties (e.g. housewife)	- - - - -
f)	Full time education not provided by an employer	- - - - -
g)	Officially unemployed (receiving unemployment benefit or social security payment)	- - - - -
h)	Completely retired from paid work	- - - - -
i)	Permanently sick or disabled	- - - - -
j)	Other (Please specify)	- - - - -



7. Who in your household is the person whose current (or most recent) paid job is the highest in social status (usually this is the job that earns the most per hours)?

- a) Yourself
- b) Your marriage partner (including common law marriages). -----
- c) Your boyfriend or girlfriend -----
- d) Your parent, step parent or adopted parent -----
- e) Other (please specify) -----  
-----

8. Please give details of the current or most recent main occupation of this person. If it is not yourself?

- a) Industry or profession
- b) Full Job title (with rank or grade if you have one e.g. manager or supervisor/foreman etc). -----  
-----
- c) Brief description of main things you actually do or did in the job (if a civil servant, please give discipline and specialism).  
-----  
-----

9. How many other individuals does your household consist of?

- a) Number of children under 14 years
- b) Number of children 14 or 15 years old -----
- c) Number of parents (adults who brought you up) -----
- d) Your partner (spouse, boyfriend or girlfriend) -----
- e) Number of other adults (anyone 16 years or over). -----  
-----

10. Do you have anyone you can confide in or talk to about yourself or your problems, without having to put on a front?

- |   | Yes   | No    |
|---|-------|-------|
| a) Husband or wife, Boyfriend your Girlfriend | ----- | ----- |
| b) Someone else whom you see at least weekly  | ----- | ----- |
| c) Someone else whom you see less than weekly | ----- | ----- |
| d) No one                                     | ----- | ----- |

11. When you were growing up, did you until you were 11 years old live with?

- |  | Yes   | No    |
|--|-------|-------|
| a) Your mother or the person you consider to be your mother. | ----- | ----- |

b) Your father, or the person you consider to be your father.  
 12. How many brothers, sisters or cousins did you live with for more than a year when you were growing up? -----

Full brothers		Full sisters	
Step brothers	-	Step sisters	-----
Half brothers	-	Half sisters	-----
Adopted brothers	-	Adopted sisters	-----
Male cousins	-	Female cousins	-----
	-		-----

13. How many of these brothers, sisters and cousins were there that were older than you? -----

14. What sort of area do you live in?

Town or city	Yes	-----	No	-----
Rural area (e.g. rural village)	Yes	-----	No	-----

15. How old were you when you left full time education (for the first time)? -----

16. In the past, have you ever intended to harm yourself deliberately by taking an overdose?  
 Yes ----- No -----

If yes, how many times did you take an overdose resulting in:

	Admission to hospital for at least an overnight stay	Attendance at GP or casualty but without admission overnight to hospital	No contact with a doctor following the overdose
0			
1	-----	-----	-----
2	-----	-----	-----
3-4	-----	-----	-----
5+	-----	-----	-----

17. Have you ever intended to harm yourself deliberately in the past by scratching, punching, kicking, head banging, cutting or in some other way hurt yourself?  
 Yes ----- No -----

If yes, how many times did you hurt yourself like this and which sort of the 3 types of intention did you have?

	No intention to die at the time.	Intended to die at the time but not afterwards.	Intended to die at the time and for quite a while after.
0			
1	-----	-----	-----
2-5	-----	-----	-----
5-10	-----	-----	-----
11-25	-----	-----	-----
25-50	-----	-----	-----

51+

-----  
-----

18. Have you ever seen a psychiatrist before (not including the brief assessments made at times of deliberately harming yourself)?

Yes ----- No -----

19. In the last 5 years have you been:

a) Involved in physical violence to any other adult? Yes ----- No -----  
b) Subject to violence by husband/wife or other relative? Yes ----- No -----

20. Have you ever been found guilty of a criminal offence (but not including children's panel appearances)?

Yes ----- No -----

21. Do you habitually use drugs (including cannabis or solvents) that are illegal or in excess of doses prescribed by your doctor or prescribed drugs obtained from someone else? (Please don't include the use of drugs in overdoses)?

Yes ----- No -----

22. Do you ever drink alcohol?

If yes, how much alcohol do you drink in a typical week (if last week was typical, please describe that week)?

Pints Small cans Large cans

a) Beers and Lagers  
- ordinary strength -----  
- Export beer -----  
- Strong ale or lager -----  
- Special brews -----  
b) Cider – normal strength  
Strong -----  
c) Wine – table wine -----  
d) Sherry (if pub measure, say if sherry glass or schooner). -----  
e) Fortified wine (e.g. Port, Martini). -----  
f) Spirits (e.g. Whisky, Gin, Rum, and Vodka). -----

23. Have others ever told you, or do you believe you have ever had (or currently have)
- |    |  |       |       |
|----|--|-------|-------|
| a) | An eating disorder?                        | Yes   | No    |
| b) | Eating problems lasting one month or more? | Yes   | No    |
|    |  | ----- | ----- |
|    |  | ----- | ----- |
24. What was your age when you first left your parent's home (without you intending to return there)?
- |  |     |       |               |       |
|--|-----|-------|---------------|-------|
|  | Age | ----- | No applicable | ----- |
|  |     | ----- |               | ----- |
25. What was your age when you first lived with someone else after leaving your parent's home?
- |  |     |       |               |       |
|--|-----|-------|---------------|-------|
|  | Age | ----- | No applicable | ----- |
|  |     | ----- |               | ----- |
26. What was your age when you first got married?
- |  |     |       |               |       |
|--|-----|-------|---------------|-------|
|  | Age | ----- | No applicable | ----- |
|  |     | ----- |               | ----- |
27. Did you ever before you were 16 years old.
- |    |   |     |    |
|----|---|-----|----|
| a) | Run away from home and stay away overnight or longer? | Yes | No |
| b) | Run away from home, but not stay away overnight?      | Yes | No |
| c) | Think about running away from home but not do so?     | Yes | No |
28. How old were you when you first ran away from home?
- |  |     |       |               |       |
|--|-----|-------|---------------|-------|
|  | Age | ----- | No applicable | ----- |
|  |     | ----- |               | ----- |
29. Before you were 16 years old and while you were living with your parents, was your
- |    |  |     |    |
|----|--|-----|----|
| a) | Father around a lot while your mother was away or ill?         | Yes | No |
| b) | Father around only a little while your mother was away or ill? | Yes | No |
| c) | Mother around a lot while your father was away or ill?         | Yes | No |
| d) | Mother around only a little while your father was away or ill? | Yes | No |
| e) | Both parents around a lot of the time?                         | Yes | No |
| f) | Neither parent around very much?                               | Yes | No |

# GENERAL HEALTH QUESTIONNAIRE

---

Please read this carefully:

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions on the following pages simply by underlining the answer, which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

---

## HAVE YOU RECENTLY:

1.	Been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2.	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3.	Been having restless, disturbed nights?	Not at all	No more than usual	Rather more than usual	Much more than usual
4.	Been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
5.	Been getting out of the house as much as usual?	More so than usual	Same as usual	Less than usual	Much less than usual
6.	Been managing as well as most people would in your shoes?	Better than most	About the same	Rather less than usual	Much less well
7.	Felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
8.	Been satisfied with the way you've carried out your task?	More satisfied	About the same	Less satisfied than usual	Much less satisfied
9.	Been able to feel warmth and affection for those near to you?	Better than usual	About the same	Less well than usual	Much less well
10.	Been finding it easy to get on with other people?	Better than usual	About the same	Less well than usual	Much less well
11.	Spent much time chatting with people?	More time than usual	About the same	Less time than usual	Much less than usual
12.	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
13.	Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable

**HAVE YOU RECENTLY:**

14	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
15	Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
16	Been finding life a struggle all time?	Not at all	No more than usual	Rather more than usual	Much more than usual
17	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
18	Been taking things hard?	Not at all	No more than usual	Rather more than usual	Much more than usual
19	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
20	Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
21	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
22	Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
23	Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
24	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
25	Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
26	Been feeling hopeful about your own future?	More so than usual	About same as usual	Less so than usual	Much less hopeful
27	Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual
28	Being feeling nervous and strung up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual
29	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
30	Found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual

---

## ATTITUDES OF MOTHER QUESTIONNAIRE

This questionnaire lists various attitudes and behaviours of mothers. By mother, we mean A WOMAN WHO BROUGHT YOU UP, whether actual mother, stepmother, adopted mother, foster mother or female guardian.

As you remember your mother in YOUR FIRST 16 YEARS, please tick the most appropriate column.

Thank you.

	Very Like	Moderately Like	Moderately unlike	Very Unlike
1. Spoke to me with a warm and friendly voice.				
2. Did not help me as much as I needed.	---	----	-----	--
3. Let me do those things I liked doing.	---	----	-----	--
4. Seemed emotionally cold to me.	---	----	-----	--
5. Appeared to understand my problems and worries.	---	----	-----	--
6. Was affectionate to me.	---	----	-----	--
7. Liked me to make my own decisions.	---	----	-----	--
8. Did not want me to grow up.	---	----	-----	--
9. Tried to control everything I did.	---	----	-----	--
10. Invaded my privacy.	---	----	-----	--
11. Enjoyed talking things over with me.	---	----	-----	--
12. Frequently smiled at me.	---	----	-----	--
13. Tended to baby me.	---	----	-----	--
14. Did not seem to understand what I needed or wanted.	---	----	-----	--
15. Let me decide things for myself.	---	----	-----	--
16. Made me feel I wasn't wanted.	---	----	-----	--
17. Could make me feel better when I was upset.	---	----	-----	--
18. Did not talk with me very much.	---	----	-----	--
19. Tried to make me dependent on her.	---	----	-----	--
20. Felt I could not look after myself unless she was around.	---	----	-----	--
21. Gave me as much freedom as I wanted.	---	----	-----	--
22. Let me go out as often as I wanted.	---	----	-----	--
23. Was overprotective of me.	---	----	-----	--
24. Did not praise me.	---	----	-----	--
25. Let me dress in anyway I pleased.	---	----	-----	--

## ATTITUDES OF FATHER QUESTIONNAIRE

This questionnaire lists various attitudes and behaviours of fathers. By father, we mean A MAN WHO BROUGHT YOU UP, whether actual father, stepfather, adopted father, foster father or male guardian.

As you remember your father in YOUR FIRST 16 YEARS, please tick the MOST appropriate column.

Thank you.

	Very Like	Moderately Like	Moderately unlike	Very Unlike
1. Spoke to me with a warm and friendly voice.				
2. Did not help me as much as I needed.	---	----	-----	--
3. Let me do those things I liked doing.	---	----	-----	--
4. Seemed emotionally cold to me.	---	----	-----	--
5. Appeared to understand my problems and worries.	---	----	-----	--
6. Was affectionate to me.	---	----	-----	--
7. Liked me to make my own decisions.	---	----	-----	--
8. Did not want me to grow up.	---	----	-----	--
9. Tried to control everything I did.	---	----	-----	--
10. Invaded my privacy.	---	----	-----	--
11. Enjoyed talking things over with me.	---	----	-----	--
12. Frequently smiled at me.	---	----	-----	--
13. Tended to baby me.	---	----	-----	--
14. Did not seem to understand what I needed or wanted.	---	----	-----	--
15. Let me decide things for myself.	---	----	-----	--
16. Made me feel I wasn't wanted.	---	----	-----	--
17. Could make me feel better when I was upset.	---	----	-----	--
18. Did not talk with me very much.	---	----	-----	--
19. Tried to make me dependent on him.	---	----	-----	--
20. Felt I could not look after myself unless he was around.	---	----	-----	--
21. Gave me as much freedom as I wanted.	---	----	-----	--
22. Let me go out as often as I wanted.	---	----	-----	--
23. Was overprotective of me.	---	----	-----	--
24. Did not praise me.	---	----	-----	--
25. Let me dress in anyway I pleased.	---	----	-----	--



## ANGER QUESTIONNAIRE

Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel ANGRY or FURIOUS. Please read each statement and then circle the number, which indicates how OFTEN you GENERALLY react or behave in the manner, described when you are feeling angry or furious. Remember that there are no right or wrong answers. Do not spend too much time on any one statement.

Thank you.

WHEN ANGRY OR FURIOUS...

	Almost never	Sometimes	Often	Almost always
1. I control my temper.	1	2	3	4
2. I express my anger.	1	2	3	4
3. I keep things in.	1	2	3	4
4. I am patient with others.	1	2	3	4
5. I pout or sulk.	1	2	3	4
6. I withdraw from people.	1	2	3	4
7. I make sarcastic remarks to others.	1	2	3	4
8. I keep my cool.	1	2	3	4
9. I do things like slam doors.	1	2	3	4
10. I boil inside, but don't show it.	1	2	3	4
11. I control my behaviour.	1	2	3	4
12. I argue with others.	1	2	3	4
13. I tend to harbour grudges that I don't tell anyone about.	1	2	3	4
14. I strike out at whatever infuriates me.	1	2	3	4
15. I can stop myself from losing my temper.	1	2	3	4
16. I am secretly quite critical of others.	1	2	3	4
17. I am angrier than I am willing to admit.	1	2	3	4
18. I calm down faster than most other people.	1	2	3	4
19. I say nasty things.	1	2	3	4
20. I try to be tolerant and understanding.	1	2	3	4
21. I'm irritated a great deal more than people are aware of.	1	2	3	4
22. I lose my temper.	1	2	3	4
23. If someone annoys me, I'm apt to tell him or her how I feel.	1	2	3	4
24. I control my angry feelings.	1	2	3	4

Please check you have answered every item. Thank you.

## PHYSICAL EXPERIENCES SCALE

Everyone gets into conflicts with other people at times, and sometimes these lead to physical blows or violent behaviour. We are interested in how often the following 5 sorts of behaviour occurred to you during each of the four time periods:

- A) Before your 7<sup>th</sup> birthday
- B) Between your 7<sup>th</sup> and 13<sup>th</sup> birthday
- C) Between your 13<sup>th</sup> and 16<sup>th</sup> birthday
- D) After your 16<sup>th</sup> birthday

Please think of who did these things to you from among your family, relatives, friends, acquaintances and strangers whatever their age. We would like you to divide these people into two groups:

- i) Those 5 years or more, older than you (called 5+ people).
- ii) Those less than 5 years older than you (called 5- people).

For each of the four time periods please CHOOSE A ONE YEAR PERIOD, starting at any month of the year, WHEN THESE FIVE BEHAVIOURS OCCURRED MORE FREQUENTLY TO YOU THAN IN ANY OTHER YEAR. If there isn't a year like this that you can identify, please choose an average year to describe (you can use the same year twice if the behaviours were most frequent in the same year for both groups of people).

Please tick the space that BEST describes how often the behaviour happened to you in the year you have chosen, for each of the six categories. Please be as accurate as you can be on the basis of the memories you have.

Thank you for your help.

The physical experiences scale is followed by the psychological experiences scale:

# PSYCHOLOGICAL EXPERIENCES SCALE

Verbal arguments and punishments can range from quiet disagreements to shouting, insulting and so on. We are particularly interested in the seven behaviours listed below. THE INSTRUCTIONS FOR THIS SCALE ARE IDENTICAL TO THAT FOR THE PHYSICAL EXPERIENCES SCALE.

Thank you.

Choosing the worst 12 months (between the ages given below )  
Roughly How Many Times Did Someone Do These Things To You.

## PHYSICAL EXPERIENCES SCALE

Never	Once	Twice		3 to 5 times	6-10 times		About once a month		About once a week	Daily (or more often)	Don't know
-------	------	-------	--	-----------------	---------------	--	--------------------------	--	-------------------------	-----------------------------	---------------

Part A, i : Before your 7<sup>th</sup> birthday by 5+ people (people years or more, older than you).

a) Slap you	.....	.....	.....		.....	.....	.....		.....	.....	.....
b) Hit you really hard.	.....	.....	.....		.....	.....	.....		.....	.....	.....
c) Beat you (e.g. with an object).	.....	.....	.....		.....	.....	.....		.....	.....	.....
d) Punch you.	.....	.....	.....		.....	.....	.....		.....	.....	.....
e) Kick you.	.....	.....	.....		.....	.....	.....		.....	.....	.....

Part A, ii : Before your 7<sup>th</sup> birth by 5- people (people less than 5 years older than you).

a) Slap you	.....	.....	.....		.....	.....	.....		.....	.....	.....
b) Hit you really hard.	.....	.....	.....		.....	.....	.....		.....	.....	.....
c) Beat you (e.g. with an object).	.....	.....	.....		.....	.....	.....		.....	.....	.....
d) Punch you.	.....	.....	.....		.....	.....	.....		.....	.....	.....
e) Kick you.	.....	.....	.....		.....	.....	.....		.....	.....	.....

Part B, i : Between your 7<sup>th</sup> and 13<sup>th</sup> birthday by 5+ people (5 years or more older than you).

a) Slap you	.....	.....	.....		.....	.....	.....		.....	.....	.....
b) Hit you really hard.	.....	.....	.....		.....	.....	.....		.....	.....	.....
c) Beat you (e.g. with an object).	.....	.....	.....		.....	.....	.....		.....	.....	.....
d) Punch you.	.....	.....	.....		.....	.....	.....		.....	.....	.....
e) Kick you.	.....	.....	.....		.....	.....	.....		.....	.....	.....

Part B, ii : Between your 7<sup>th</sup> and 13<sup>th</sup> birthday by 5- people (less than 5 years older than you).

a) Slap you	.....	.....	.....		.....	.....	.....		.....	.....	.....
b) Hit you really hard.	.....	.....	.....		.....	.....	.....		.....	.....	.....
c) Beat you (e.g. with an object).	.....	.....	.....		.....	.....	.....		.....	.....	.....
d) Punch you.	.....	.....	.....		.....	.....	.....		.....	.....	.....
e) Kick you.	.....	.....	.....		.....	.....	.....		.....	.....	.....

Choosing the worst 12 months (between the ages given below)

Roughly How Many Times Did Someone Do These Things To You.

Never	Once	Twice	3 to 5 times	6-10 times	About once a month	About once a week	Daily (or more often)	Don't know
-------	------	-------	--------------	------------	--------------------	-------------------	-----------------------	------------

Part C, i : Between your 13<sup>th</sup> and 16<sup>th</sup> birthday by 5+ people (5 years or more older than you).

a) Slap you	.....	.....	.....		.....	.....	.....		.....	.....	.....
b) Hit you really hard.	.....	.....	.....		.....	.....	.....		.....	.....	.....
c) Beat you (e.g. with an object).	.....	.....	.....		.....	.....	.....		.....	.....	.....
d) Punch you.	.....	.....	.....		.....	.....	.....		.....	.....	.....
e) Kick you.	.....	.....	.....		.....	.....	.....		.....	.....	.....

Part C, ii : Between your 13<sup>th</sup> and 16<sup>th</sup> birthday by 5- people (less than 5 years older than you).

a) Slap you	.....	.....	.....		.....	.....	.....		.....	.....	.....
b) Hit you really hard.	.....	.....	.....		.....	.....	.....		.....	.....	.....
c) Beat you (e.g. with an object).	.....	.....	.....		.....	.....	.....		.....	.....	.....
d) Punch you.	.....	.....	.....		.....	.....	.....		.....	.....	.....
e) Kick you.	.....	.....	.....		.....	.....	.....		.....	.....	.....

Part D, i : After your 16<sup>th</sup> birthday by 5+ people (people 5 years or more older than you).

a) Slap you	.....	.....	.....		.....	.....	.....		.....	.....	.....
b) Hit you really hard.	.....	.....	.....		.....	.....	.....		.....	.....	.....
c) Beat you (e.g. with an object).	.....	.....	.....		.....	.....	.....		.....	.....	.....
d) Punch you.	.....	.....	.....		.....	.....	.....		.....	.....	.....
e) Kick you.	.....	.....	.....		.....	.....	.....		.....	.....	.....

Part D, ii : After your 16<sup>th</sup> birthday by 5- people (people less than 5 years older than you).

a) Slap you	.....	.....	.....		.....	.....	.....		.....	.....	.....
b) Hit you really hard.	.....	.....	.....		.....	.....	.....		.....	.....	.....
c) Beat you (e.g. with an object).	.....	.....	.....		.....	.....	.....		.....	.....	.....
d) Punch you.	.....	.....	.....		.....	.....	.....		.....	.....	.....
e) Kick you.	.....	.....	.....		.....	.....	.....		.....	.....	.....



Choosing the worst 12 months (between the ages given below)  
Roughly How Many Times Did Someone Do These Things To You.

Never	Once	Twice	3 to 5 times	6-10 times	About once a month	About once a week	Daily (or more often)	Don't know
-------	------	-------	--------------	------------	--------------------	-------------------	-----------------------	------------

Part C, i : Before your 13<sup>th</sup> and 16<sup>th</sup> Birthday by 5+ people (people 5 years or more older than you).

a) Yell at you	.....	.....	.....	.....	.....	.....	.....	.....
b) Insult you.	.....	.....	.....	.....	.....	.....	.....	.....
c) Try to make you feel guilty.	.....	.....	.....	.....	.....	.....	.....	.....
d) Criticise you	.....	.....	.....	.....	.....	.....	.....	.....
e) Ridicule or humiliate you.	.....	.....	.....	.....	.....	.....	.....	.....
f) Embarrass you in front of others.	.....	.....	.....	.....	.....	.....	.....	.....
g) Make you feel like you were a bad person.	.....	.....	.....	.....	.....	.....	.....	.....

Part C, ii : Before your 13<sup>th</sup> and 16<sup>th</sup> Birthday by 5- people (less than 5 years older than you).

a) Yell at you	.....	.....	.....	.....	.....	.....	.....	.....
b) Insult you.	.....	.....	.....	.....	.....	.....	.....	.....
c) Try to make you feel guilty.	.....	.....	.....	.....	.....	.....	.....	.....
d) Criticise you	.....	.....	.....	.....	.....	.....	.....	.....
e) Ridicule or humiliate you.	.....	.....	.....	.....	.....	.....	.....	.....
f) Embarrass you in front of others.	.....	.....	.....	.....	.....	.....	.....	.....
g) Make you feel like you were a bad person.	.....	.....	.....	.....	.....	.....	.....	.....

Part D, i : Before your 16<sup>th</sup> Birthday by 5+ people (people 5 years or more older than you).

a) Yell at you	.....	.....	.....	.....	.....	.....	.....	.....
b) Insult you.	.....	.....	.....	.....	.....	.....	.....	.....
c) Try to make you feel guilty.	.....	.....	.....	.....	.....	.....	.....	.....
d) Criticise you	.....	.....	.....	.....	.....	.....	.....	.....
e) Ridicule or humiliate you.	.....	.....	.....	.....	.....	.....	.....	.....
f) Embarrass you in front of others.	.....	.....	.....	.....	.....	.....	.....	.....
g) Make you feel like you were a bad person.	.....	.....	.....	.....	.....	.....	.....	.....

Part D, ii : Before your 16<sup>th</sup> Birthday by 5- people (less than 5 years older than you).

a) Yell at you	.....	.....	.....	.....	.....	.....	.....	.....
b) Insult you.	.....	.....	.....	.....	.....	.....	.....	.....
c) Try to make you feel guilty.	.....	.....	.....	.....	.....	.....	.....	.....
d) Criticise you	.....	.....	.....	.....	.....	.....	.....	.....
e) Ridicule or humiliate you.	.....	.....	.....	.....	.....	.....	.....	.....
f) Embarrass you in front of others.	.....	.....	.....	.....	.....	.....	.....	.....
g) Make you feel like you were a bad person.	.....	.....	.....	.....	.....	.....	.....	.....

**SEXUAL LIFE EXPERIENCES QUESTIONNAIRE**

It is now generally recognised that most people have sexual experiences as children or adolescents. Some are wanted and some are not. Some are upsetting and painful and some are not. Some will never have been mentioned to anyone before and some will have been.

We are interested in the types of sexual experience listed below. We would like to know WHEN EACH EXPERIENCE FIRST HAPPENED OR BEGUN WITH SOMEBODY. We are interested in ALL EXPERIENCES BEFORE THE AGE OF 16, BUT ONLY UNWANTED ONES AFTER YOUR 16<sup>th</sup> BIRTHDAY. WE ARE NOT INTERESTED IN PURELY ACCIDENTAL CONTACT OR EXPERIENCES WITH OFFICIALS OF A PURELY MEDICAL OR EDUCATIOAL NATURE, but please do include it if the contact was "accidentally on purpose" or your suspected another motive as well.

We have divided the time into four periods:

- A) 0-6 before your 7<sup>th</sup> Birthday
- B) 7-12 between your 7<sup>th</sup> and 13<sup>th</sup> Birthday
- C) 13-15 between your 13<sup>th</sup> and 16<sup>th</sup> Birthday
- D) 16+ after your 16<sup>th</sup> Birthday (unwanted experiences only)

These experiences may be with friends or playmates, relatives or partners, strangers or acquaintances. We would like you to divide these people into two groups.

- i) 5+ Those 5 years or more older than you.
- ii) 5- Those less than 5 years older than you.

Please place a tick in the bracket if you had that sort of experience. If you've had the same experience with more than one person falling into the same bracket, please write the number of people involved after the tick. Only tick a later time periods as well, if the same experience begun or happened with a different person. If you haven't had the experience or your experience is covered by the exceptions described above, please tick the "not relevant" column.

Please remember our statements on confidentiality and counselling made at the start. Please answer as honestly as you feel you can.

Thank you for your help.

## DEFINITIONS OF WORDS USED

### SEXUAL EXPERIENCE:

An experience which you think had a sexual nature or purpose to it, whether you recognised this at the time or afterwards.

### TOUCHING

Includes fondling, grabbing, rubbing and kissing (unless specifically excluded), with the hand or other part of the body, but doesn't include touching the sex organs or being touched by them (as this is a separate category).

### ORAL CONTACT

Includes physical contact with the mouth, lips, tongue, nose or face, but doesn't include the spoken word.

**VAGINA:** Refers to the front passage of a woman.

**ANUS:** Refers to the back passage of both men and women.

### SEX ORGANS

Refers to the sexual area between the legs and includes the penis and scrotum of a man (with its balls), and the clitoris, lips of the vagina of a women. It does not include any other part of the body such as the breasts, anus or hand.

### PENETRATION

Refers to something (e.g. penis, finger, object or animal part) entering a narrow space (e.g. between the thighs or upper legs) or an opening in the body (e.g. vagina, anus or mouth).

5+ : Five Plus refers to someone who was five years or more older than you at the time.

5- : Five Minus refers to someone who was less than five years older than you at the time. Please note: this is not the same as people who were 5 years younger than you at the time.



SECTION 1

**THE COMMUNICATION BY SPEECH OR GESTURE TO YOU OF SOMETHING  
WITH A SEXUAL NATURE OR PURPOSE**

(Without visual or physical contact of a sexual nature or purpose)

Age when a sexual experience first happened  
with a particular person

All experiences

		All experiences				Unwanted only	Not relevant
		0-6	7-12	13-15	16+		
1. An invitation or request to do something sexual	5+ 5-	( )	( )	( )	( )	( )	
2. A threat to do something sexual to you.	5+ 5-	( )	( )	( )	( )	( )	
3. You being insulted in a sexual way to belittle you sexually.	5+ 5-	( )	( )	( )	( )	( )	
4. Someone talking about sexual things in an erotic way to you.	5+ 5-	( )	( )	( )	( )	( )	
5. "Obscene" phone calls received by you.	5+ 5-	( )	( )	( )	( )	( )	
6. You narrowly missing or being afraid of being sexually assaulted by someone.	5+ 5-	( )	( )	( )	( )	( )	
7. Other (please specify).	5+ 5-	( )	( )	( )	( )	( )	

Please indicate how many 5+ and 5- males and females are referred to in each column above.

* Males (men and boys)	5+ 5-	( )	( )	( )	( )	( )
* Females (women and girls)	5+ 5-	( )	( )	( )	( )	( )

Please indicate how many 5+ and 5- people are referred to in each column above, and to what degree the experiences with that person were wanted or not. (Please write the number in the bracket).

* Mainly wanted	5+ 5-	( )	( )	( )	( )	( )
* Uncertain if wanted or not	5+ 5-	( )	( )	( )	( )	( )
* Mainly not wanted	5+ 5-	( )	( )	( )	( )	( )

SECTION 2

VISUAL CONTACT OF A SEXUAL NATURE OR PURPOSE

(With or without physical contact of a sexual nature or purpose)

Age when a sexual experience first happened  
with a particular person

All experiences

		All experiences			Unwanted only	Not relevant
		0-6	7-12	13-15		
1. Looking at pornographic pictures or films.	5+ 5-	( )	( )	( )	( )	( )
2. Taking part in nude or semi-nude photography.	5+ 5-	( )	( )	( )	( )	( )
3. Someone showing their organs or parts of their naked body to you in a sexual way.	5+ 5-	( )	( )	( )	( )	( )
4. You showing sex organs or parts of your naked body to someone in a sexual way.	5+ 5-	( )	( )	( )	( )	( )
5. You observing a sexual act e.g. masturbation (without other people, animals or objects involved).	5+ 5-	( )	( )	( )	( )	( )
6. You seeing a sexual act between 2 or more people.	5+ 5-	( )	( )	( )	( )	( )
7. You observing a sexual act involving an object or an animal.	5+ 5-	( )	( )	( )	( )	( )
8. Other (please specify).	5+ 5-	( )	( )	( )	( )	( )

Please indicate how many 5+ and 5- males and females are referred to in each column above.

* Males (men and boys)	5+ 5-	( )	( )	( )	( )	( )
* Females (women and girls)	5+ 5-	( )	( )	( )	( )	( )

Please indicate how many 5+ and 5- people are referred to in each column above, and to what degree the experiences with that person were wanted or not. (Please write the number in the bracket).

* Mainly wanted	5+ 5-	( )	( )	( )	( )	( )
* Uncertain if wanted or not	5+ 5-	( )	( )	( )	( )	( )
* Mainly not wanted	5+ 5-	( )	( )	( )	( )	( )

SECTION 3

**PHYSICAL CONTACT OF A SEXUAL NATURE OR PURPOSE, BUT WITHOUT  
ANY FORM OF PENETRATION**

(With or without visual contact of a sexual nature or purpose)

		Age when a sexual experience first happened with a particular person					
		All experiences				Unwanted only	Not relevant
		0-6	7-12	13-15	16+		
1.	Being kissed or hugged in a sexual way.	5+ 5-	( )	( )	( )	( )	( )
2.	You kissing or hugging in a sexual way.	5+ 5-	( )	( )	( )	( )	( )
3.	Being touched in a sexual way during a non-sexual activity e.g. bathing, massaging, tickling, wrestling, putting on creams etc.	5+ 5-	( )	( )	( )	( )	( )
4.	You touching someone in a sexual way during a non-sexual activity.	5+ 5-	( )	( )	( )	( )	( )
5.	Someone touching or rubbing their sex organs up against you (excluding oral contact).	5+ 5-	( )	( )	( )	( )	( )
6.	You touching or rubbing your sex organs against someone (excluding oral contact).	5+ 5-	( )	( )	( )	( )	( )
7.	You touching or rubbing someone's sex organs e.g. masturbation (excluding oral contact).	5+ 5-	( )	( )	( )	( )	( )
8.	Someone touching your breast(s) with their hands, mouth or other body part.	5+ 5-	( )	( )	( )	( )	( )
9.	You touching someone's breast(s) with your hand, mouth or other body part.	5+ 5-	( )	( )	( )	( )	( )
10.	Someone having oral contact with your sex organs (without attempted or actual penetration).	5+ 5-	( )	( )	( )	( )	( )
11.	You having oral contact with someone's sex organs without any form of penetration.	5+ 5-	( )	( )	( )	( )	( )
12.	Someone having oral contact with your anus (e.g. tongue)	5+ 5-	( )	( )	( )	( )	( )

**SECTION 3 (continued)**

Age when a sexual experience first happened  
with a particular person

All experiences

---

					Unwanted only	Not relevant
		0-6	7-12	13-15	16+	
13	You having oral contact with someone's anus.	5+ ( ) 5- )	( )	( )	( )	( )
14	You being observed in a sexual act with someone without any form of penetration.	5+ ( ) 5- )	( )	( )	( )	( )
15	You taking part in a sexual act involving an object or an animal (without any form of penetration).	5+ ( ) 5- )	( )	( )	( )	( )
16	You being observed in a sexual act involving an object or an animal (without any form of penetration).	5+ ( ) 5- )	( )	( )	( )	( )
17	Other (please specify)	5+ ( ) 5- )	( )	( )	( )	( )

Please indicate how many 5+ and 5- males and females are referred to in each column above FOR THE LAST TWO PAGES.

* Males (men and boys)	5+ ( ) 5- )	( )	( )	( )	( )	( )
* Females (women and girls)	5+ ( ) 5- )	( )	( )	( )	( )	( )

Please indicate how many 5+ and 5- people are referred to in each column above, and to what degree the experiences with that person were wanted or unwanted FOR THE LAST TWO PAGES.

* Mainly wanted	5+ ( ) 5- )	( )	( )	( )	( )	( )
* Uncertain if wanted or not	5+ ( ) 5- )	( )	( )	( )	( )	( )
* Mainly unwanted	5+ ( ) 5- )	( )	( )	( )	( )	( )

SECTION 4

**PHYSICAL CONTACT OF A SEXUAL NATURE OR PURPOSE INVOLVING  
ATTEMPTED OR ACTUAL PENETRATION**

of the vagina, anus, mouth or between the thighs  
(With or without visual contact of a sexual nature or purpose)

Age when a sexual experience first happened  
with a particular person

All experiences

		All experiences				Unwanted only	Not relevant
		0-6	7-12	13-15	16+		
1	Penetration or attempted penetration of your thighs (i.e. between your legs) by a penis without an attempt to penetrate your vagina or anus.	5+ 5-	( )	( )	( )	( )	( )
2	Penetration or attempted penetration of your thighs by an object or animal part without an attempt to penetrate your vagina or anus.	5+ 5-	( )	( )	( )	( )	( )
3	Partial or full penetration of your vagina by a penis.	5+ 5-	( )	( )	( )	( )	( )
4	Attempted but unsuccessful penetration of your vagina by a penis.	5+ 5-	( )	( )	( )	( )	( )
5	Penetration or attempted penetration of your vagina by someone's finger, object or animal part (excluding a penis).	5+ 5-	( )	( )	( )	( )	( )
6	You penetrating or attempting to penetrate someone's vagina with your fingers, an object or animal part.	5+ 5-	( )	( )	( )	( )	( )
7	Partial or full penetration of your anus by a penis	5+ 5-	( )	( )	( )	( )	( )
8	Attempted but unsuccessful penetration of your anus by a penis.	5+ 5-	( )	( )	( )	( )	( )
9	Penetration or attempted penetration of your anus by someone's finger, an object or part of an animal.	5+ 5-	( )	( )	( )	( )	( )
10	You penetrating or attempting to penetrate someone's anus with your fingers, an object or animal parts.	5+ 5-	( )	( )	( )	( )	( )

Age when a sexual experience first happened  
with a particular person

		All experiences			Unwanted only	Not relevant
		0-6	7-12	13-15		
11	Penetration of your mouth by a penis	5+ 5-	( )	( )	( )	( )
12	Attempted but unsuccessful penetration of your mouth by a penis	5+ 5-	( )	( )	( )	( )
13	Penetration or attempted penetration of your mouth by a tongue.	5+ 5-	( )	( )	( )	( )
14	You penetrating or attempting to penetrate someone's mouth with your tongue.	5+ 5-	( )	( )	( )	( )
15	Penetration or attempted penetration of your mouth by a breast, fingers, an object or part of an animal.	5+ 5-	( )	( )	( )	( )
16	You penetrating or attempting to penetrate someone's mouth with your breast, fingers, an object or part of an animal.	5+ 5-	( )	( )	( )	( )
17	You being observed in a sexual act involving penetration or attempted penetration.	5+ 5-	( )	( )	( )	( )
18	Other (please specify).	5+ 5-	( )	( )	( )	( )

Please indicate how many 5+ and 5- males and females are referred to in each column above FOR THE LAST TWO PAGES.

* Males (men and boys)	5+ 5-	( )	( )	( )	( )	( )
* Females (women and girls)	5+ 5-	( )	( )	( )	( )	( )

Please indicate for section 4 how many 5+ and 5- people are referred to in each column above, and to what degree the experiences with that person were wanted or unwanted (please write the number in the bracket) FOR THE LAST TWO PAGES.

* Mainly wanted	5+ 5-	( )	( )	( )	( )	( )
* Uncertain if wanted or not	5+ 5-	( )	( )	( )	( )	( )
* Mainly not wanted	5+ 5-	( )	( )	( )	( )	( )

## SEXUAL EXPERIENCES WITH PHYSICAL CONTACT ONLY

(with or without penetration)

If you have not described physical experiences of a sexual nature or purpose above please turn directly to question 28, otherwise, go to question one:

1. Please choose the description that **BEST** describes the people you have had physical contact with, of a sexual nature or purpose (with or without permission)

Please indicate THE AGE AT WHICH THE FIRST PHYSICAL CONTACT OF A SEXUAL NATURE OR PURPOSE HAPPENED WITH SOMEONE. PLEASE ONLY USE ONE TICK PER PERSON in one of the four time periods. Apart from these differences, the instructions are similar.

Thank you.

Inclusive age when the first physical contact of sexual type happened with a particular person.

		All experiences				Unwanted only	Not relevant
		0-6	7-12	13-15	16+		
a)	A total stranger	5+ 5-	( )	( )	( )	( )	( )
b)	A friend of your parents (e.g. parent's boyfriend or girlfriend).	5+ 5-	( )	( )	( )	( )	( )
c)	A steady boyfriend or girlfriend of yours.	5+ 5-	( )	( )	( )	( )	( )
d)	A boyfriend or girlfriend who you were not going steady with.	5+ 5-	( )	( )	( )	( )	( )
e)	A friend of yours (but not a boyfriend or girlfriend).	5+ 5-	( )	( )	( )	( )	( )
f)	Your husband or wife.	5+ 5-	( )	( )	( )	( )	( )
g)	Your father	5+ 5-	( )	( )	( )	( )	( )
h)	Your stepfather, foster father or male guardian.	5+ 5-	( )	( )	( )	( )	( )
i)	Your mother.	5+ 5-	( )	( )	( )	( )	( )
j)	Your stepmother, foster mother or female guardian	5+ 5-	( )	( )	( )	( )	( )

Inclusive age when the first physical contact of sexual type happened with a particular person.

		All experiences				Unwanted only	Not relevant
		0-6	7-12	13-15	16+		

k)	Your brother or sister	5+ 5-	( )	( )	( ) )	( )	( )
l)	Your half brother or half sister, step brother or step sister, foster brother or foster sister.	5+ 5-	( )	( )	( ) )	( )	( )
m)	Your brother in law or sister in law.	5+ 5-	( )	( )	( ) )	( )	( )
n)	You uncle or aunt	5+ 5-	( )	( )	( ) )	( )	( )
o)	A grandparent of yours.	5+ 5-	( )	( )	( ) )	( )	( )
p)	Your first cousin (the child of your real uncle or aunt).	5+ 5-	( )	( )	( ) )	( )	( )
q)	A relative not included above	5+ 5-	( )	( )	( ) )	( )	( )
r)	A babysitter	5+ 5-	( )	( )	( ) )	( )	( )
s)	A neighbour	5+ 5-	( )	( )	( ) )	( )	( )
t)	An acquaintance	5+ 5-	( )	( )	( ) )	( )	( )
u)	An authority figure (your teacher, doctor, minister, therapist, policeman, or much older person)	5+ 5-	( )	( )	( ) )	( )	( )
v)	Someone you know who isn't included above.	5+ 5-	( )	( )	( ) )	( )	( )
w)	Other (please specify)	5+ 5-	( )	( )	( ) )	( )	( )



2. Below is a list of people identical to those in the previous question. You need only answer parts of this question that you answered in the previous question. Please indicate for those parts the approximate age of yourself and the person and also how much you trusted them before the contact began and after the contact ended. Please mark the line with a slash or bar.

Thank you.

For example

<u>18 years</u>	<u>36 years</u>		
<u>35 years</u>	<u>40-50 yrs</u>		

Your Age at the time it began	Age of other person at the time.	Trust before contact began		Trust after contact ended.	
		(0%) None at all	(100%) A great deal	(0%) None at all	(100%) A great deal

- |  |       |       |  |  |
|--|-------|-------|--|--|
| a) A total stranger  | ..... | ..... |  |  |
| b) A friend of your parents (e.g. parents boyfriend or girlfriend).                    | ..... | ..... |  |  |
| c) A steady boyfriend or girlfriend of yours.  | ..... | ..... |  |  |
| d) A boyfriend or girlfriend who you are not going steady with.                        | ..... | ..... |  |  |
| e) A friend of yours (but not a boyfriend or girlfriend).                              | ..... | ..... |  |  |
| f) Your husband or wife.   | ..... | ..... |  |  |
| g) Your father.  | ..... | ..... |  |  |
| h) Your stepfather, foster father or male guardian.                                    | ..... | ..... |  |  |
| i) Your mother.  | ..... | ..... |  |  |
| j) Your stepmother, foster mother or female guardian.                                  | ..... | ..... |  |  |
| k) Your brother or sister  | ..... | ..... |  |  |
| l) Your half brother or sister, step brother or step sister, foster brother or sister. | ..... | ..... |  |  |

	Your Age at the time it began	Age of other person at the time.	Trust before contact began		Trust after contact ended.	
			(0%) None at all	(100%) A great deal	(0%) None at all	(100%) A great deal
m) Your brother-in-law or sister-in-law.	.....	.....	-----	-----	-----	-----
n) Your uncle or aunt	.....	.....	-----	-----	-----	-----
o) A grandparent of yours	.....	.....	-----	-----	-----	-----
p) Your first cousin (the child of your real uncle or aunt).	.....	.....	-----	-----	-----	-----
q) A relative not included above	.....	.....	-----	-----	-----	-----
r) A babysitter	.....	.....	-----	-----	-----	-----
s) A neighbour	.....	.....	-----	-----	-----	-----
t) An acquaintance	.....	.....	-----	-----	-----	-----
u) An authority figure (your teacher, doctor, minister, therapist, policeman, or much older person).	.....	.....	-----	-----	-----	-----
v) Someone you know who isn't included above.	.....	.....	-----	-----	-----	-----
w) Other (please specify)	.....	.....	-----	-----	-----	-----

Please check that you have answered all the same parts of this questionnaire as you did of the last question.

Thank you.

## SEXUAL EXPERIENCES INVOLVING PHYSICAL CONTACT ONLY

(from kissing and sexual touching to any form of penetration)

The following questions all refer to experiences you have described in sections 3 and 4 above. (Sexual contact of a physical nature). AS BEFORE ONLY INCLUDE UNWANTED EXPERIENCES FROM AGE 16 ONWARDS. As before include experiences with boyfriends and girlfriends as well as other people.

Please place a tick in the bracket (or a number if there was more than one person) to indicate HOW MANY PEOPLE YOU HAD PHYSICAL CONTACT WITH, of a sexual nature or purpose, in each time period. If the physical contact continued from one time period to another, please count the person in both time periods.

(i.e. if you have referred to an experience in a column of sections 3 and 4 above, you will need to include that person in the same column here. And if the experience continued into another time period, you will also need to include that person in the next column(s) too).

Thank you.

Age at which physical contact of a sexual type occurred.

All experiences

All experiences			Unwanted only
0-6	7-12	13-15	16+

1. How many males and females are there?

Males (Men and Boys)	( )	( )	( )	( )
Females (Women and Girls)	( )	( )	( )	( )

2. Who do you think started or initiated the incidents?

* Definitely just the other person.	( )	( )	( )	( )
* Mainly the other person	( )	( )	( )	( )
* Both the other person and myself.	( )	( )	( )	( )
* Mainly me.	( )	( )	( )	( )
* Definitely me.	( )	( )	( )	( )

3. To what degree were the experiences wanted or unwanted?

* Mainly wanted	( )	( )	( )	( )
* Uncertain if wanted or not	( )	( )	( )	( )
* Mainly unwanted	( )	( )	( )	( )

4. How much did the other person use verbal threats to make you take part?

- \* Strong verbal threats ( ) ( ) ( ) ( )
- \* Some verbal threats ( ) ( ) ( ) ( )
- \* Slight verbal threats ( ) ( ) ( ) ( )
- \* No verbal threats ( ) ( ) ( ) ( )

Age at which physical contact of a sexual type occurred.

All experiences				Unwanted only
0-6	7-12	13-15	16+	

5. How much did the other person use physical force to make you take part?

- \* Used considerable force. ( ) ( ) ( ) ( )
- \* Used some physical force. ( ) ( ) ( ) ( )
- \* Used slight physical force. ( ) ( ) ( ) ( )
- \* Used no physical force. ( ) ( ) ( ) ( )

6. How would you describe your emotional reaction at the time?

- \* Severe distress ( ) ( ) ( ) ( )
- \* Moderate distress ( ) ( ) ( ) ( )
- \* Neutral feelings ( ) ( ) ( ) ( )
- \* Moderate pleasure ( ) ( ) ( ) ( )
- \* Intense pleasure ( ) ( ) ( ) ( )

7. How frightened were you that you may lose your life at the time?

- \* Extremely ( ) ( ) ( ) ( )
- \* Quite a bit ( ) ( ) ( ) ( )
- \* A little ( ) ( ) ( ) ( )
- \* Not at all ( ) ( ) ( ) ( )

8. How frightened were you that you would be physically hurt at the time.

- \* Extremely ( ) ( ) ( ) ( )
- \* Quite a bit ( ) ( ) ( ) ( )
- \* A little ( ) ( ) ( ) ( )
- \* Not at all ( ) ( ) ( ) ( )

9. How frightened were you that you would be sexually hurt or damaged at the time?

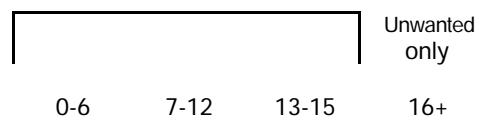
- \* Extremely ( ) ( ) ( ) ( )
- \* Quite a bit ( ) ( ) ( ) ( )
- \* A little ( ) ( ) ( ) ( )
- \* Not at all ( ) ( ) ( ) ( )

10. How frightened were you that you would be psychologically hurt or damaged at the time.

- \* Extremely ( ) ( ) ( ) ( )
- \* Quite a bit ( ) ( ) ( ) ( )
- \* A little ( ) ( ) ( ) ( )
- \* Not at all ( ) ( ) ( ) ( )

Age at which physical contact of a sexual type occurred.

All experiences



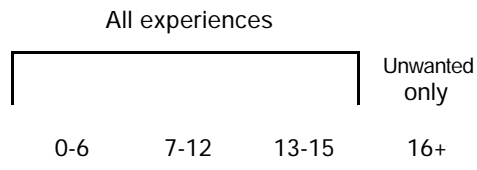
11. How would you describe your sexual reaction at the time?

- \* Intense sexual pleasure ( ) ( ) ( ) ( )
- \* Moderate sexual pleasure ( ) ( ) ( ) ( )
- \* No sexual pleasure ( ) ( ) ( ) ( )

12. What do you think was the effect of these experiences?

- \* Unpleasant and harmful at the time but no long lasting effect. ( ) ( ) ( ) ( )
  - \* Permanently damaging with long lasting effects. ( ) ( ) ( ) ( )
  - \* Had no effect at all. ( ) ( ) ( ) ( )
  - \* Had improved the quality of my life. ( ) ( ) ( ) ( )
- 13 Did you use the sexual contacts to get anything for yourself (e.g. affection, attention, human contact, education, protection, foods, treats, money etc).
- \* Not at all ( ) ( ) ( ) ( )
  - \* A little ( ) ( ) ( ) ( )
  - \* A lot ( ) ( ) ( ) ( )
- 14 Did you use the sexual contacts to help others outside this contact (e.g. to protect someone else from being affected, to help parent's marriage).
- \* Not at all ( ) ( ) ( ) ( )
  - \* A little ( ) ( ) ( ) ( )
  - \* A lot ( ) ( ) ( ) ( )
- 15 Do you feel your behaviour (what you said or did) was to blame for any of the contacts
- \* Not at all ( ) ( ) ( ) ( )
  - \* A little ( ) ( ) ( ) ( )
  - \* A lot ( ) ( ) ( ) ( )

Age at which physical contact of a sexual type occurred.



16 Do you feel your character (the sort of person you are) was to blame for any of the contacts.

- \* Not at all ( ) ( ) ( ) ( )
- \* A little ( ) ( ) ( ) ( )
- \* A lot ( ) ( ) ( ) ( )

17 Do you feel responsible for not having stopped the contact once it started.

- \* Not at all ( ) ( ) ( ) ( )
- \* A little ( ) ( ) ( ) ( )
- \* A lot ( ) ( ) ( ) ( )

18 Do you feel that the contacts must be your fault, as they weren't the other person's fault (other person sick, unhappy, under influence of drugs or alcohol etc).

- \* Not at all ( ) ( ) ( ) ( )
- \* A little ( ) ( ) ( ) ( )
- \* A lot ( ) ( ) ( ) ( )

19 How many episodes of sexual contact were there in each of the 4 time periods?

- Approximate number of contacts.
- 0 ( ) ( ) ( ) ( )
  - 1 ( ) ( ) ( ) ( )
  - 2 ( ) ( ) ( ) ( )
  - 3-5 ( ) ( ) ( ) ( )
  - 6-10 ( ) ( ) ( ) ( )
  - 11-20 ( ) ( ) ( ) ( )
  - 21-50 ( ) ( ) ( ) ( )
  - 50-100 ( ) ( ) ( ) ( )
  - 100+ ( ) ( ) ( ) ( )

Age at which physical contact of a sexual type occurred.

All experiences

All experiences			Unwanted only
0-6	7-12	13-15	16+

20 How long did the longest contact last in each time period (from the first to the last physical contact of a sexual nature or purpose).

Number of days	( )	( )	( )	( )
Number of weeks	( )	( )	( )	( )
Number of months	( )	( )	( )	( )
Number of years	( )	( )	( )	( )

21 Please indicate how many different people that:

* Sexual arousal for you occurred, but orgasm didn't occur.	( )	( )	( )	( )
* Orgasm occurred for you	( )	( )	( )	( )
* Other person got sexually aroused	( )	( )	( )	( )
* Other person reach orgasm or ejaculated.	( )	( )	( )	( )
* None of the above	( )	( )	( )	( )

22 Please indicate what you considered to be the other persons motive of the sexual contact.

* To get you sexually aroused	( )	( )	( )	( )
* To get themselves sexually aroused.	( )	( )	( )	( )
* To get for themselves pleasure other than sexual arousal.	( )	( )	( )	( )
* To give you attention, love care or a reward.	( )	( )	( )	( )
* To frighten or upset you.	( )	( )	( )	( )
* To punish you for something you did.	( )	( )	( )	( )



- \* Because they were angry with you (without you having done something). ( ) ( ) ( ) ( )
- \* None of the above ( ) ( ) ( ) ( )

23 Who did you tell about the experience, initially, if anyone?

- \* No one ( ) ( ) ( ) ( )
- \* Police or other official (social worker, doctor, teacher etc). ( ) ( ) ( ) ( )
- \* Someone else ( ) ( ) ( ) ( )

Age at which physical contact of a sexual type occurred.

All experiences

All experiences				Unwanted only
0-6	7-12	13-15	16+	

24 Picking the most significant experience in each time period how soon after did you first tell someone about it? (please give a figure).

- \* Haven't told anyone before ( ) ( ) ( ) ( )
- \* Number of days ( ) ( ) ( ) ( )
- \* Number of weeks ( ) ( ) ( ) ( )
- \* Number of months ( ) ( ) ( ) ( )
- \* Number of years ( ) ( ) ( ) ( )

25 Picking the most significant experience in each time period, to what degree did you feel powerless or helpless?

- \* Not at all ( ) ( ) ( ) ( )
- \* A bit ( ) ( ) ( ) ( )
- \* A lot ( ) ( ) ( ) ( )

26 When you first told someone about the most significant experience, did it.

- \* Haven't told anyone before ( ) ( ) ( ) ( )
- \* Improve things ( ) ( ) ( ) ( )
- \* Make no difference ( ) ( ) ( ) ( )
- \* Make things worse for you ( ) ( ) ( ) ( )

- 27 If you were not able to bring it out into the open then, how long afterwards were you able to do this? (please give a figure)
- \* Able to do so earlier ( ) ( ) ( ) ( )
  - \* Number of days ( ) ( ) ( ) ( )
  - \* Number of weeks ( ) ( ) ( ) ( )
  - \* Number of months ( ) ( ) ( ) ( )
  - \* Number of years ( ) ( ) ( ) ( )
- 28 Did you think about any of the unwanted sexual experiences that you had, just before or at the time of the overdose.
- \* Not at all ( )
  - \* A bit ( )
  - \* A lot ( )
  - \* Not applicable ( )
- 29 Are there experiences of a sexual nature or purpose which you wouldn't want even the researchers to know about despite the promise of confidentiality
- \* Yes ( )
  - \* No ( )
  - \* Don't wish to say ( )

Please check that you have answered every question. Thank you.

## OPINIONS AT THE TIME OF THE OVERDOSE QUESTIONNAIRE

	True at the time	False at the time
1. I look forward to the future with hope and enthusiasm.	_____	_____
2. I might as well give up because I can't make things better for myself.	_____	_____
3. When things are going badly, I am helped by knowing they can't stay that way forever	_____	_____
4. I can't imagine what my life would be like in 10 years	_____	_____
5. I have enough time to accomplish the things I most want to do.	_____	_____
6. In the future I expect to succeed in what concerns me most.	_____	_____
7. My future seems dark to me.	_____	_____
8. I expect to get more of the good things in life than the average person.	_____	_____
9. I just don't get the breaks, and there is no reason to believe I will in the future.	_____	_____
10. My past experiences have prepared me well for my future.	_____	_____
11. All I can see ahead of me is unpleasantness rather than pleasantness.	_____	_____
12. I don't expect to get what I really want.	_____	_____
13. When I look ahead to the future I expect I will be happier than I am now.	_____	_____
14. Things just won't work out the way I want them to.	_____	_____
15. I have great faith in the future.	_____	_____
16. I never get what I want so it is foolish to want anything.	_____	_____
17. It is very unlikely that I will get any real satisfaction in the future.	_____	_____
18. The future seems vague and uncertain to me.	_____	_____
19. I can look forward to more good times than bad times.	_____	_____
20. There is no use in really trying to get something I want because I probably won't get it.	_____	_____

## FEELINGS AT THE TIME OF THE OVERDOSE QUESTIONNAIRE

The words below describe feelings and moods people have. Please read each one carefully and try to remember HOW YOU FELT JUST BEFORE YOUR OVERDOSE. Please read every word carefully and tick the answer that BEST DESCRIBES this.

Thank you.

	Much unlike this	Slightly unlike this	Slightly like this	Much like this
1. Composed	_____	_____	_____	_____
2. Cheerful	_____	_____	_____	_____
3. Tense	_____	_____	_____	_____
4. Powerless	_____	_____	_____	_____
5. Lively	_____	_____	_____	_____
6. Sad	_____	_____	_____	_____
7. Tired	_____	_____	_____	_____
8. Distant	_____	_____	_____	_____
9. Untroubled	_____	_____	_____	_____
10. Playful	_____	_____	_____	_____
11. Nervous	_____	_____	_____	_____
12. Hopeless	_____	_____	_____	_____
13. Vigorous	_____	_____	_____	_____
14. Dejected	_____	_____	_____	_____
15. Fatigued	_____	_____	_____	_____
16. Desperate	_____	_____	_____	_____
17. Peaceful	_____	_____	_____	_____
18. Light hearted	_____	_____	_____	_____
19. Jittery	_____	_____	_____	_____
20. Not coping	_____	_____	_____	_____
21. Energetic	_____	_____	_____	_____
22. Lonely	_____	_____	_____	_____
23. Exhausted	_____	_____	_____	_____
24. Fearful of dying	_____	_____	_____	_____
25. Serene	_____	_____	_____	_____

Much  
unlike  
this

Slightly  
unlike this

Slightly  
like this

Much  
like this

- |                               |       |       |       |       |
|-------------------------------|-------|-------|-------|-------|
| 26. Joyful                    | _____ | _____ | _____ | _____ |
| 27. Shaky                     | _____ | _____ | _____ | _____ |
| 28. Vulnerable                | _____ | _____ | _____ | _____ |
| 29. Active                    | _____ | _____ | _____ | _____ |
| 30. Downhearted               | _____ | _____ | _____ | _____ |
| 31. Sluggish                  | _____ | _____ | _____ | _____ |
| 32. Sexually threatened       | _____ | _____ | _____ | _____ |
| 33. Calm                      | _____ | _____ | _____ | _____ |
| 34. Jolly                     | _____ | _____ | _____ | _____ |
| 35. Anxious                   | _____ | _____ | _____ | _____ |
| 36. Betrayed                  | _____ | _____ | _____ | _____ |
| 37. Ready to go (i.e. energy) | _____ | _____ | _____ | _____ |
| 38. Discouraged               | _____ | _____ | _____ | _____ |
| 39. Weary                     | _____ | _____ | _____ | _____ |
| 40. Suicidal                  | _____ | _____ | _____ | _____ |
| 41. Relaxed                   | _____ | _____ | _____ | _____ |
| 42. Elated                    | _____ | _____ | _____ | _____ |
| 43. Uneasy                    | _____ | _____ | _____ | _____ |
| 44. Physically threatened     | _____ | _____ | _____ | _____ |
| 45. Full of pep               | _____ | _____ | _____ | _____ |
| 46. Gloomy                    | _____ | _____ | _____ | _____ |
| 47. Drowsy                    | _____ | _____ | _____ | _____ |
| 48. Emotionally numb          | _____ | _____ | _____ | _____ |

Please check you have answered every question. Thank you

## DETAILS OF THE OVERDOSE QUESTIONNAIRE

This questionnaire asks for details of your recent overdose. Because different people can very easily understand different things by the questions used, the researcher may want to check some of the details with you. This is the only questionnaire where such checking is necessary.

These questions refer to your recent overdose. Please write the number in the space provided or if there is more than one alternative given, please tick the answer that BEST DESCRIBES THE SITUATION. If you feel the question isn't applicable, please mark it with a cross.

Thank you.

True or  
agree

1. How long had you been thinking about taking an overdose before you actually started to do so? (Please write the actual time in the space).

..... Years,      ..... Months,      ..... Weeks,      ..... Days,  
..... Hours,      ..... Minutes.

2. How long before you started to take the overdose did you definitely decide to do so? (please give an actual time).

..... Years,      ..... Months,      ..... Weeks,      ..... Days,  
..... Hours,      ..... Minutes.

3. Once you'd definitely decided to take the overdose, did you

- a) Feel calmer?  
b) Feel more uptight, tense, anxious or worried?  
c) Feel no different?

---

---

---

4. How long before you started to take this overdose did you feel that life wasn't worth carrying on? (please give an actual time).

..... Years,      ..... Months,      ..... Weeks,      ..... Days,  
..... Hours,      ..... Minutes.

5. How long did it take you to swallow the overdose from start to finish? (please give an actual time).

..... Weeks,      ..... Days,      ..... Hours,      ..... Minutes.

6. How much self control did you feel you had while taking the overdose?

- a) Had a sense of control  
b) Felt unsure whether in control or not  
c) Had no sense of control

---

---

---

True or  
agree

7. Once you'd taken the overdose did you

- a) Feel calmer?
  - b) Feel more uptight, tense, anxious or worried?
  - c) Feel no different?
- 
- 
- 

8. What time and date was it that you started taking the overdose?

Time of day ..... Day of week ..... Date  
.....

9. During or after the overdose, did you

- a) Inform someone that you had or were taking an overdose?
  - b) Contact someone but not tell them or anyone else about the overdose?
  - c) Not contact anyone at all?
- 
- 
- 

10. If you had contact with someone but didn't tell them about the overdose, how long after you started taking the overdose did this contact begin?

Days ..... Hours ..... Minutes .....

11. If you did inform someone that you were or had taken an overdose, how long after you started taking the overdose did you first inform or tell them?

Days ..... Hours ..... Minutes .....

12. If you didn't tell anyone about the overdose at all, how long after you started taking the overdose did someone first realise what you'd done?

Days ..... Hours ..... Minutes .....

13. Did anything happen in the few hours before your overdose that made you

- a) Much more distressed or upset than you had been over the last few days?
- b) A little more distressed or upset?
- c) No more distressed or upset?

14. While you were taking the overdose, was there someone

- a) Close nearby (e.g. in the room) or someone who could have seen or heard you do it, if they'd been listening or watching?
  - b) Nearby e.g. in the building or visible to you or within easy shouting distance?
  - c) No one nearby?
- 
- 
- 

15. At the time of the overdose, did you

- a) Take some precautions so that you'd be more likely to survive (e.g. leave out the tablet containers, write down what you'd taken, take them not long before a friend visited, etc)?
  - b) Leave whether you lived or died entirely to chance?
  - c) Avoid doing anything that could save or prolong your life?
- 
- 
- 

True or  
agree

16. Did you do or say anything to try to make sure you wouldn't be interrupted?

- a) Took active precautions by doing or saying something e.g. locked the bathroom door, say you were going away. \_\_\_\_\_
- b) Took passive precautions by avoiding others, but not actually doing or saying anything to stop others finding you if they'd wanted to e.g. being alone in an unlocked room. \_\_\_\_\_
- c) Took no precautions. \_\_\_\_\_
17. Taking into account where you were, and the times that people normally leave work or visit etc, how likely do you think it was that someone would find you or contact you within 6 hours of taking the overdose?
- a) Probable: more likely than not (over 50% chance) \_\_\_\_\_
- b) Unlikely (less than 50% chance) \_\_\_\_\_
- c) Highly unlikely (less than 5% chance) \_\_\_\_\_
18. How many practical things and arrangements did you have to sort out in order to take the overdose?
- a) Extensive preparations \_\_\_\_\_
- b) Moderate or minimal \_\_\_\_\_
- c) No preparations \_\_\_\_\_
19. Did you communicate to anyone that you were planning to harm yourself before you actually did so?
- a) Told someone clearly \_\_\_\_\_
- b) Hinted at it, but didn't make it totally clear to them \_\_\_\_\_
- c) Didn't communicate to anyone \_\_\_\_\_
20. Did you write a note to anyone for them to receive after you'd died?
- a) Note written and left for them \_\_\_\_\_
- b) Thought about writing a note or wrote one but then destroyed it \_\_\_\_\_
- c) Neither of the above \_\_\_\_\_
21. Did you, in anticipation of your death?
- a) Make definite plans or finish sorting out your affairs (e.g. made a will, took out insurance, gave away things). \_\_\_\_\_
- b) Thought about these things, or made some arrangements but didn't finish them \_\_\_\_\_
- c) Neither of the above \_\_\_\_\_
22. Did you at the time of the overdose?
- a) Want to die \_\_\_\_\_
- b) Did not want to die \_\_\_\_\_
- c) Parts of both the above \_\_\_\_\_
23. Did you take the overdose to?
- a) Escape or solve problems \_\_\_\_\_
- b) Get revenge, attention or change things around you for the better \_\_\_\_\_
- c) Parts of both the above \_\_\_\_\_
24. Did you have any alcohol to drink in the 24 hours before the overdose (apart from the alcohol as part of the overdose or to was h the overdose down)?
- a) None at all \_\_\_\_\_
- b) No more than my usual amount \_\_\_\_\_
- c) More than I usually have \_\_\_\_\_
- True or agree
25. How seriously were you attempting to end your life?
- a) Yes, seriously \_\_\_\_\_
- b) Uncertain whether serious or not \_\_\_\_\_
- c) No, not seriously \_\_\_\_\_



26. Did you think at the time of the overdose that the overdose would have been?
- a) Enough or more than enough to kill you \_\_\_\_\_
  - b) Unsure whether it would have been lethal or not \_\_\_\_\_
  - c) Less than what you thought at the time would be lethal \_\_\_\_\_
27. How likely did you think that you would die from the overdose at the time?
- a) Probably or certainly (over 50% chance) \_\_\_\_\_
  - b) Possibly but not probably (less than 50% chance) \_\_\_\_\_
  - c) Unlikely \_\_\_\_\_
28. How likely did you think (at the time of the overdose) that your death could be stopped if you got medical attention?
- a) Thought at the time that would definitely die even if got medical attention \_\_\_\_\_
  - b) Uncertain whether could be saved or not if got medical attention \_\_\_\_\_
  - c) Thought would be unlikely to die if got medical attention \_\_\_\_\_
29. When someone realised that you'd taken an overdose how much did you resist their offers of getting medical help or advice?
- a) Actively resisted by physically stopping the other person from getting help or physically resisting when help arrived, or running away. \_\_\_\_\_
  - b) Passively resisted e.g. by verbally objecting, but no physical resistance \_\_\_\_\_
  - c) No resistance \_\_\_\_\_
30. What was your first reaction to the knowledge that you'd survived the overdose?
- a) Glad you'd recovered \_\_\_\_\_
  - b) Uncertain whether glad or sorry \_\_\_\_\_
  - c) Sorry you'd recovered \_\_\_\_\_
31. How much knowledge about the effects of an overdose of the drugs you took did you have?
- a) A great deal (e.g. had taken them before in an overdose or a close friend had done so, or had knowledge of the pharmacology of the drugs etc). \_\_\_\_\_
  - b) A little, more than the average person \_\_\_\_\_
  - c) No more than the average person \_\_\_\_\_
32. How many tablets did you take?
- a) Between one and eleven \_\_\_\_\_
  - b) 12 to 23 \_\_\_\_\_
  - c) 24 to 47 \_\_\_\_\_
  - d) 48 to 99 \_\_\_\_\_
  - e) 100 or more \_\_\_\_\_

True or agree

33. What did you take as part of the overdose?
- a) One type of tablet only \_\_\_\_\_
  - b) Two types of tablet or more \_\_\_\_\_
  - c) Took alcohol as a planned part of the overdose or to wash the tablets down \_\_\_\_\_

34. Where did the tablets you took come from?

- a) Took someone else's tablets, not your own.
- b) Took own tablets, but didn't have to buy them especially for the overdose
- c) Obtained tablets from one shop only, especially for the overdose
- d) Obtained tablets from two shops (or more), especially for the overdose.

---

---

---

---

35. Which tablets of those available to you did you take?

- a) Took some of the tablets you could get hold of at the time, but not all of them
- b) Took all the tablets you could get hold of at the time, but you are uncertain whether or not you could have got hold or more tablets if you had looked for them.
- c) Took all the tablets you could get hold of at the time, but you are certain you could have got more if you'd looked.
- d) Took all the tablets you could get hold of at the time, but you're certain you couldn't have got hold of any more if you'd looked.

---

---

---

---

Please check that you have answered every question.

Thank you for your help.

## RECENT LIFE EVENTS QUESTIONNAIRE

We are interested in whether any of the events below have occurred IN THE LAST TWO YEARS. We have divided this time into four periods.

- (a) 0 – 1: the last month.
- (b) 1 – 6: the last six months excluding the last month.
- (c) 6 – 12: the last year excluding the last six months.
- (d) 12 – 24: the last two years excluding the last year.

Please tick the space indicating WHEN IT FIRST OCCURRED OR WHEN IT GOT SIGNIFICANTLY WORSE. If this event occurred more than once, write the number of times it occurred after the tick. If the event did not occur, please place a cross in the "not in the last two years" column.

Thank you.

### EVENT

	Not in the last two years	Month when it began or worsened			
		0-1	1-6	6-12	12-24
<b><u>HEALTH</u></b>					
1. You had a minor illness or injury like one needing a visit to a doctor or a couple of days off work.	_____	_____	_____	_____	_____
2. You had a serious illness, injury or operation needing hospitalization or a month or more off work.	_____	_____	_____	_____	_____
3. A close relative had a serious illness (from which they did not die).	_____	_____	_____	_____	_____
4. You are pregnant (with a wanted pregnancy).	_____	_____	_____	_____	_____
5. You are pregnant (with an unwanted pregnancy).	_____	_____	_____	_____	_____
6. You had a stillbirth.	_____	_____	_____	_____	_____
7. You had an abortion.	_____	_____	_____	_____	_____
8. You had a baby.	_____	_____	_____	_____	_____
9. Your change of life (menopause) began.	_____	_____	_____	_____	_____
10. You adopted a child.	_____	_____	_____	_____	_____

### **BEREAVEMENT**

11. Your husband died.	_____	_____	_____	_____	_____
12. A child of yours died.	_____	_____	_____	_____	_____
13. A close family member died (e.g. parent, brother etc).	_____	_____	_____	_____	_____
14. A close family friend or relative died (e.g. aunt, uncle, grandmother, cousin, etc).	_____	_____	_____	_____	_____

Not in the last two years	Month when it began or worsened			
	0-1	1-6	6-12	12-24

### **FAMILY & SOCIAL**

**IF YOU ARE SINGLE OR GOING STEADY:**

- |     |   |       |       |       |       |       |
|-----|---|-------|-------|-------|-------|-------|
| 15. | You became engaged or began a "steady" relationship.                            | _____ | _____ | _____ | _____ | _____ |
| 16. | You broke off your engagement.  | _____ | _____ | _____ | _____ | _____ |
| 17. | You broke off a "steady" relationship.  | _____ | _____ | _____ | _____ | _____ |
| 18. | You had increasing arguments or difficulties with your fiancé or steady friend. | _____ | _____ | _____ | _____ | _____ |

**IF YOU ARE OR WERE MARRIED**

- |     |  |       |       |       |       |       |
|-----|--|-------|-------|-------|-------|-------|
| 19. | You married.   | _____ | _____ | _____ | _____ | _____ |
| 20. | There have been increasing serious arguments with your husband.  | _____ | _____ | _____ | _____ | _____ |
| 21. | There has been a marked improvement in the way you and your husband are getting on.                            | _____ | _____ | _____ | _____ | _____ |
| 22. | You have been separated from your husband for more than a month because of marital difficulties.               | _____ | _____ | _____ | _____ | _____ |
| 23. | You have been separated from your husband for more than a month (for reasons other than marital difficulties). | _____ | _____ | _____ | _____ | _____ |
| 24. | You have got back together again after a separation due to marital difficulties.                               | _____ | _____ | _____ | _____ | _____ |
| 25. | You began an extramarital affair.  | _____ | _____ | _____ | _____ | _____ |
| 26. | Your husband began an extramarital affair.   | _____ | _____ | _____ | _____ | _____ |
| 27. | You have been divorced.  | _____ | _____ | _____ | _____ | _____ |

**IF YOU HAVE OR HAD CHILDREN**

- |     |   |       |       |       |       |       |
|-----|---|-------|-------|-------|-------|-------|
| 28. | A child of yours became engaged.                            | _____ | _____ | _____ | _____ | _____ |
| 29. | A child of yours married with your approval.                | _____ | _____ | _____ | _____ | _____ |
| 30. | A child of yours married without your approval.             | _____ | _____ | _____ | _____ | _____ |
| 31. | A child of yours left home for reasons other than marriage. | _____ | _____ | _____ | _____ | _____ |
| 32. | A child of yours entered the armed services.                | _____ | _____ | _____ | _____ | _____ |

**FRIENDS & RELATIVES**

- |     |  |       |       |       |       |       |
|-----|--|-------|-------|-------|-------|-------|
| 33. | A new person came to live in your household (apart from a new baby).   | _____ | _____ | _____ | _____ | _____ |
| 34. | There has been a marked improvement in the way you get on with someone close to you (excluding husband).     | _____ | _____ | _____ | _____ | _____ |
| 35. | You have been separated from someone important to you (other than close family members).                     | _____ | _____ | _____ | _____ | _____ |
| 36. | There has been serious increase in arguments or problems with someone who lives at home (excluding husband). | _____ | _____ | _____ | _____ | _____ |
| 37. | There have been serious problems with a close friend, neighbour or relative not living at home.              | _____ | _____ | _____ | _____ | _____ |

Not in the last two years	Month when it began or worsened			
	0-1	1-6	6-12	12-24

**EDUCATION**

- |     |  |       |       |       |       |       |
|-----|--|-------|-------|-------|-------|-------|
| 38. | You started a course (ie University, Tech. College, apprenticeship or other occupational training course). | _____ | _____ | _____ | _____ | _____ |
| 39. | You changed to a different course.   | _____ | _____ | _____ | _____ | _____ |
| 40. | You completed your full time training programme.   | _____ | _____ | _____ | _____ | _____ |

- |     |   |       |       |       |       |       |
|-----|---|-------|-------|-------|-------|-------|
| 41. | You completed your part time training programme.      | _____ | _____ | _____ | _____ | _____ |
| 42. | You dropped out of your full time training programme. | _____ | _____ | _____ | _____ | _____ |
| 43. | You dropped out of your part time training programme. | _____ | _____ | _____ | _____ | _____ |
| 44. | You studied for, or did, important exams              | _____ | _____ | _____ | _____ | _____ |
| 45. | You failed an important exam.                         | _____ | _____ | _____ | _____ | _____ |

**WORK**

- |     |   |       |       |       |       |       |
|-----|---|-------|-------|-------|-------|-------|
| 46. | You have been unemployed and seeking work for a month or more.                            | _____ | _____ | _____ | _____ | _____ |
| 47. | Your own business failed.   | _____ | _____ | _____ | _____ | _____ |
| 48. | You were sacked.  | _____ | _____ | _____ | _____ | _____ |
| 49. | You retired.  | _____ | _____ | _____ | _____ | _____ |
| 50. | You were downgraded or demoted at work.   | _____ | _____ | _____ | _____ | _____ |
| 51. | You were promoted.  | _____ | _____ | _____ | _____ | _____ |
| 52. | You began to have trouble or disagreements with your boss, supervisor, or fellow workers. | _____ | _____ | _____ | _____ | _____ |
| 53. | You had a big change in the hours you worked  | _____ | _____ | _____ | _____ | _____ |
| 54. | You had a big change in the people, duties or responsibilities in your work.              | _____ | _____ | _____ | _____ | _____ |
| 55. | You started in a completely different type of job.  | _____ | _____ | _____ | _____ | _____ |
| 56. | You had holidays for a week or more.  | _____ | _____ | _____ | _____ | _____ |

**MOVING HOUSE**

- |     |  |       |       |       |       |       |
|-----|--|-------|-------|-------|-------|-------|
| 57. | You moved to this area from overseas.                  | _____ | _____ | _____ | _____ | _____ |
| 58. | You moved to this area from elsewhere in this country. | _____ | _____ | _____ | _____ | _____ |
| 59. | You moved house in this area                           | _____ | _____ | _____ | _____ | _____ |

**FINANCIAL AND LEGAL**

- |     |  |       |       |       |       |       |
|-----|--|-------|-------|-------|-------|-------|
| 60. | You had moderate financial difficulties.   | _____ | _____ | _____ | _____ | _____ |
| 61. | You had a major financial crisis.  | _____ | _____ | _____ | _____ | _____ |
| 62. | You are much better off financially.   | _____ | _____ | _____ | _____ | _____ |
| 63. | You were involved in a traffic accident that carried serious risk to the health or life of yourself or others.                     | _____ | _____ | _____ | _____ | _____ |
| 64. | You had minor difficulties with the police or the authorities, (which has not required a court appearance (eg speeding fine, etc). | _____ | _____ | _____ | _____ | _____ |
| 65. | You had more important problems with the police or the authorities (which has led to a court appearance).                          | _____ | _____ | _____ | _____ | _____ |
| 66. | You had a jail sentence or were in prison  | _____ | _____ | _____ | _____ | _____ |
| 67. | You were involved in a civil law suit (eg divorce, debt, custody, etc).  | _____ | _____ | _____ | _____ | _____ |
| 68. | Something you valued or cared for greatly was stolen or lost.  | _____ | _____ | _____ | _____ | _____ |
| 69. | Other (please specify).  | _____ | _____ | _____ | _____ | _____ |

**ATTITUDE QUESTIONNAIRE (part 1)**

Each of the statements below represents a commonly held opinion. Please indicate the EXTENT TO WHICH YOU AGREE OR DISAGREE with each statement by circling one of the numbers. There are no right or wrong answers. If you find that none of the possibilities adequately reflect your opinion, please choose the one closest to the way you feel. Thank you.

Strongly disagree      disagree somewhat      Slightly disagree      Slightly agree      Agree somewhat      Strongly agree

1.	Whether or not I get to be a leader depends on my ability.	-3	-2	-1	+1	+2	+3
2.	To a great extent my life is controlled by accidental happenings.	-3	-2	-1	+1	+2	+3
3.	I do feel what happens in my life is mostly determined by powerful people.	-3	-2	-1	+1	+2	+3
4.	Whether or not I get into a car accident depends mostly on how good a driver I am	-3	-2	-1	+1	+2	+3
5.	When I make plans, I am almost certain to make them work.	-3	-2	-1	+1	+2	+3
6.	Often there is no chance of protecting my personal interests from bad luck happenings.	-3	-2	-1	+1	+2	+3
7.	When I get what I want, it is usually because am lucky	-3	-2	-1	+1	+2	+3
8.	Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.	-3	-2	-1	+1	+2	+3
9.	How many friends I have depends on how nice a person I am.	-3	-2	-1	+1	+2	+3
10.	I have often found that what is going to happen will happen.	-3	-2	-1	+1	+2	+3
11.	My life is chiefly controlled by others.	-3	-2	-1	+1	+2	+3
12.	Whether or not I get into a car accident is mostly a matter of luck.	-3	-2	-1	+1	+2	+3
13.	People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.	-3	-2	-1	+1	+2	+3
14.	It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.	-3	-2	-1	+1	+2	+3

	Strongly Disagree	disagree somewhat	Slightly disagree	Slightly agree	Agree somewhat	Strongly agree
15. Getting what I want requires pleasing those people above me.	-3	-2	-1	+1	+2	+3
16. Whether or not I get to be a leader depends on whether I'm lucky to be in the right place at the right time.	-3	-2	-1	+1	+2	+3
17. If important people were to decide they didn't like me, I probably wouldn't make any friends.	-3	-2	-1	+1	+2	+3
18. I can pretty much determine what will happen in my life.	-3	-2	-1	+1	+2	+3
19. I am usually able to protect my personal interests.	-3	-2	-1	+1	+2	+3
20. Whether or not I get into a car accident depends mostly on the other driver.	-3	-2	-1	+1	+2	+3
21. When I get what I want, it is usually because I worked hard for it.	-3	-2	-1	+1	+2	+3
22. In order to make my plans work, I make sure that they fit I with the desires of people who have power over me.	-3	-2	-1	+1	+2	+3
23. My life is determined by my own actions.	-3	-2	-1	+1	+2	+3
24. It is chiefly a matter of fate whether or not I have a few friends or many friends.	-3	-2	-1	+1	+2	+3

Please check that you have given your opinion on every statement.

Thank you.

## ATTITUDE QUESTIONNAIRE (part 2)

Each of the statements below refers to attitudes people hold and come in groups of two or three, requiring two ticks. For each group of statements (labelled A, B and C) select one of them which is MOST TRUE OR COMES THE CLOSEST to describing your own beliefs, and also a different one of them which is MOST FALSE OR THE FURTHEST from our own beliefs. Since people vary so much in their opinions there are no right or wrong answers. Some of the decisions may be very difficult, but it is important you answer all the questions as honestly as you can.

PLEASE GIVE ONLY TWO ANSWERS TO EACH SET OF THREE QUESTIONS. (One answer in each column.)

Thank you.

	Most strongly believe	Least strongly believe
1. A. It takes more imagination to be a successful criminal than a successful business manager.	_____	_____
B. The phrase, "the road to hell is paved with good intentions" contains a lot of truth.	_____	_____
C. Most men forget more easily the death of their parents than the loss of their property.	_____	_____
2. A. Men are more concerned with the car they drive than with the clothes their wives wear.	_____	_____
B. It is very important that imagination and creativity in children be cultivated.	_____	_____
C. People suffering from incurable diseases should have the choice of being put painlessly to death.	_____	_____
3. A. Never tell anyone the real reason you did something unless it is useful to do so	_____	_____
B. The well-being of the individual is the goal that should be worked for before anything else.	_____	_____
C. Once a truly intelligent person makes up his mind about the answers to a problem, they rarely continue to think about it.	_____	_____
4. A. People are getting so lazy and self-indulgent that it is bad for our country.	_____	_____
B. The best way to handle people is to tell them what they want to hear.	_____	_____
C. It would be a good thing if people were kinder to others less fortunate than themselves.	_____	_____
5. A. Most people are basically good and kind.	_____	_____
B. The best criteria for a wife or husband is compatibility – other characteristics are nice but not essential.	_____	_____
C. Only after a person has got what they want from life should they concern themselves with the injustices in the world.	_____	_____
6. A. Most people who get ahead in the world lead clean, moral lives.	_____	_____
B. Any person worth their salt should not be blamed for putting their career above their family.	_____	_____
C. People would be better off if they were concerned less with how to do things and more with what to do.	_____	_____
	Most strongly believe	Least strongly believe



7. A. A good teacher is one who points out unanswered questions rather than gives explicit answers. \_\_\_\_\_
- B. When you ask someone to do something for you, it is best to give the real reasons for wanting it rather than giving reasons, which might carry more weight. \_\_\_\_\_
- C. A person's job is the best single guide to the sort of person they are. \_\_\_\_\_
8. A. The construction of such monumental works as the Egyptian pyramids was worth the enslavement of the workers who built them. \_\_\_\_\_
- B. Once a way of handling problems has been worked out it is best to stick to it. \_\_\_\_\_
- C. One should take action only when sure it is morally right. \_\_\_\_\_
9. A. The world would be a much better place to live in if people would let the future take care of itself and concern themselves only with enjoying the present. \_\_\_\_\_
- B. It is wise to flatter important people. \_\_\_\_\_
- C. Once a decision has been made it is best to keep changing it as new circumstances arise. \_\_\_\_\_
10. A. It is a good policy to act as if you are doing the things you do because you have no choice. \_\_\_\_\_
- B. The biggest difference between most criminals and other people is that criminals are stupid enough to get caught. \_\_\_\_\_
- C. Even the most hardened and vicious criminal has a spark of decency somewhere within him. \_\_\_\_\_
11. A. All in all, it is better to be humble and honest than to be important and dishonest. \_\_\_\_\_
- B. A person who is able and willing to work hard has a good chance of succeeding in whatever they want to do. \_\_\_\_\_
- C. If a thing does not help us in our daily lives, it is not very important. \_\_\_\_\_
12. A. A person should not be punished for breaking a law that they think is unreasonable. \_\_\_\_\_
- B. Too many criminals are not punished for their crimes. \_\_\_\_\_
- C. There is no excuse for lying to someone else. \_\_\_\_\_
13. A. Generally speaking, people will not work hard unless they are forced to do so. \_\_\_\_\_
- B. Every person is entitled to a second chance, even after they commit a serious mistake. \_\_\_\_\_
- C. People who cannot make up their minds are not worth bothering about. \_\_\_\_\_

		Most strongly believe	Least strongly believe
14.	A. A married man's first responsibility is to his wife, not his mother.	_____	_____
	B. Most people are brave.	_____	_____
	C. It is best to pick friends that are intellectually stimulating, rather than those it is comfortable to be around.	_____	_____
15.	A. There are very few people in the world worth concerning oneself about.	_____	_____
	B. It is hard to get ahead without cutting corners here and there.	_____	_____
	C. A capable person motivated for their own gain is more useful to society than a well-meaning but ineffective one.	_____	_____
16.	A. It is best to give others the impression that you can change your mind easily.	_____	_____
	B. It is good work policy to keep on good terms with everybody.	_____	_____
	C. Honesty is the best policy in all cases.	_____	_____
17.	A. It is possible to be good in all respects. To help oneself is good; to help others even better. War and threats of war are unchangeable facts of human life.	_____	_____
	B. To help oneself is good; to help others even better.	_____	_____
	C. War and threats of war are unchangeable facts of human life.	_____	_____
18.	A. Barnum was probably right when he said that there is at least one sucker (someone who can be easily taken advantage of) born every minute.	_____	_____
	B. Life is pretty dull unless one deliberately stirs up some excitement.	_____	_____
	C. Most people would be better off if they controlled their emotions.	_____	_____
19.	A. Sensitivity to the feelings of others is worth more than poise (dignity and confidence) in social situations.	_____	_____
	B. The ideal society is one where everybody knows their place and accepts it.	_____	_____
	C. It is safest to assume that all people have a vicious streak and it will come out when they are given a chance.	_____	_____
20.	A. People who talk about abstract problems usually do not know what they are talking about.	_____	_____
	B. Anyone who completely trusts anyone else is asking for trouble.	_____	_____
	C. It is essential for the functioning of a democracy that everyone vote.	_____	_____

Please check you have given two answers to each set of questions. Thank you.

## ATTITUDE AND EXPERIENCES QUESTIONNAIRE

Using the scale provided as a guide, please indicate how much you agree or disagree with each of the statements below, by placing a tick in the appropriate place. Please give only one answer to each statement.

Thank you.

	Strongly disagree	Moderately disagree	Neither disagree nor agree	Moderately agree	Strongly agree
1. When I cry I always know why.	___	___	___	___	___
2. Daydreaming is a waste of time.	___	___	___	___	___
3. I wish I were not so shy.	___	___	___	___	___
4. I am often confused about what emotion I am feeling.	___	___	___	___	___
5. I often daydream about the future.	___	___	___	___	___
6. I seem to make friends as easily as others do.	___	___	___	___	___
7. Knowing the answers to problems is more important than knowing the reasons for the answers.	___	___	___	___	___
8. It is difficult for me to find the right words for my feelings.	___	___	___	___	___
9. I like to let people know where I stand on things.	___	___	___	___	___
10. I have physical sensations that even doctors don't understand.	___	___	___	___	___
11. It's not enough for me that something gets the job done; I need to know how and why it works.	___	___	___	___	___
12. I'm able to describe my feelings easily.	___	___	___	___	___
13. I prefer to analyse problems rather than just describe them.	___	___	___	___	___
14. When I am upset I don't know if I am sad, frightened or angry.	___	___	___	___	___
15. I use my imagination a great deal.	___	___	___	___	___
16. I spend much time daydreaming whenever I have nothing else to do.	___	___	___	___	___
17. I am often puzzled by sensations in my body.	___	___	___	___	___
18. I daydream rarely.	___	___	___	___	___
19. I prefer to just let things happen rather than to understand why they turned out that way.	___	___	___	___	___
20. I have feelings that I can't quite identify.	___	___	___	___	___
21. Being in touch with emotions is essential.	___	___	___	___	___
22. I find it hard to describe how I feel about people.	___	___	___	___	___
23. People tell me to describe my feelings more.	___	___	___	___	___
24. One should look for deeper explanations.	___	___	___	___	___
25. I don't know what's going on inside me.	___	___	___	___	___
26. I often don't know why I am angry.	___	___	___	___	___

Please check that you have responded to every statement. Thank you.

## HEALTH QUESTIONNAIRE (PART 1)

Please circle the letter, which indicates your personal attitude to the statements and questions below.  
Please circle Y for YES, T for TRUE, and circle N for NO, F for FALSE.

Thank

	YES or TRUE	NO or FALSE
1. I am very much afraid to die.	T	F
2. Do you worry a lot about your health?	Y	N
3. The thought of death seldom enters my mind.	T	F
4. Do you think there is something seriously wrong with your body?	Y	N
5. It doesn't make me nervous when people talk about death.	T	F
6. Is it easy for you to forget about yourself, and think about all sorts of other things?	Y	N
7. I dread to think about having to have an operation.	T	F
8. If you feel ill and someone tells you that you are looking better, do you become annoyed?	Y	N
9. I am not at all afraid to die.	T	F
10. Do you find that you are often aware of various things happening in your body?	Y	N
11. I am not particularly afraid of getting cancer.	T	F
12. Are you bothered by many pains and aches?	Y	N
13. The thought of death never bothers me.	T	F
14. Are you afraid of illness?	Y	N
15. I am often distressed by the way time flies so very quickly.	T	F
16. Do you think that you worry about your health more than most people?	Y	N
17. I fear dying a painful death.	T	F
18. Is it hard for you to believe the doctor when he tells you there is nothing for you to worry about?	Y	N
19. The subject of life after death troubles me greatly.	T	F
20. Do you often worry about the possibility that you have got a serious illness?	Y	N
21. I am really scared of having a heart attack.	T	F
22. If a disease is brought to your attention (through the radio, newspapers, TV, or someone you know), do you worry about getting it yourself?	Y	N
23. I often think about how short life really is.	T	F
24. Do you get the feeling that people are taking your illness seriously enough?	Y	N
25. I shudder when I hear people talking about a World War III	T	F
26. Do you find you are bothered by many different symptoms?	Y	N
27. The sight of a dead body is horrifying to me.	T	F
28. Do you often have the symptoms of very serious illnesses?	Y	N
29. I feel that the future holds nothing for me to fear.	T	F

Please check that you have answered all the items. Thank you.

## HEALTH QUESTIONNAIRE (PART 2)

A) Please read the statements below, and circle the number on the right that best describes your attitudes and experiences. Thank you.

	Very little	A little	Some	Much	Very much
1. It is important for me not to appear nervous.	0	1	2	3	4
2. When I cannot keep my mind on a task, I worry that I might be going crazy.	0	1	2	3	4
3. It scares me when I feel "shaky" (trembling).	0	1	2	3	4
4. It scares me when I feel faint.	0	1	2	3	4
5. It is important to me to stay in control of my emotions.	0	1	2	3	4
6. It scares me when my heart beats rapidly.	0	1	2	3	4
7. It embarrasses me when my stomach growls.	0	1	2	3	4
8. It scares me when I am nauseous (feeling sick).	0	1	2	3	4
9. When I notice that my heart is beating rapidly, I worry that I might have a heart attack.	0	1	2	3	4
10. It scares me when I become short of breath.	0	1	2	3	4
11. When my stomach is upset, I worry that I might be seriously ill.	0	1	2	3	4
12. It scares me when I am unable to keep my mind on a task.	0	1	2	3	4
13. Other people notice when I feel shaky.	0	1	2	3	4
14. Unusual body sensations scare me.	0	1	2	3	4
15. When I am nervous I worry that I might be mentally ill.	0	1	2	3	4
16. It scares me when I am nervous.	0	1	2	3	4

B) Below is a list of problems and complaints that people sometimes have. Please circle one of the numbers to the right that best describes how much that problem has bothered or distressed you DURING THE PAST TWO WEEKS INCLUDING TODAY. Thank you.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Headaches	0	1	2	3	4
2. Faintness or dizziness.	0	1	2	3	4
3. Pains in heart or chest.	0	1	2	3	4
4. Pains in lower back.	0	1	2	3	4
5. Nausea or upset stomach.	0	1	2	3	4
6. Soreness in your muscles.	0	1	2	3	4
7. Trouble getting your breath.	0	1	2	3	4
8. Hot or cold spells.	0	1	2	3	4
9. Numbness or tingling in parts of your body.	0	1	2	3	4
10. A lump in your throat.	0	1	2	3	4
11. Feeling weak in parts of your body.	0	1	2	3	4
12. Heavy feelings in your arms or legs.	0	1	2	3	4

Please check that you have responded to every statement. Thank you.

## EXPERIENCES QUESTIONNAIRE

This questionnaire consists of twenty-eight questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are **not** under the influence of alcohol or drugs. To answer the questions, please determine to what degree the experience described in the question applies to you and mark the line with a vertical slash at the appropriate place, as shown in the example below.

Example:

0% ----- / ----- 100%

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realising that they don't remember what has happened during all or part of the trip. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

2. Some people find that sometimes they are listening to someone talk and they suddenly realise that they did not hear part or all of what was said. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

6. Some people sometimes find that they are approached by people that they do not know who call them by another name or insist that they have met them before. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

8. Some people are told that they sometimes do not recognise friends or family members. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Mark the line to show what percentage of the important events in your life you have no memory for.

0% ----- 100%

10. Some people have the experience of being accused of lying when they do not think that they have lied. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

11. Some people have the experience of looking in a mirror and not recognising themselves. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

12. Some people have the experience of feeling that other people, objects, and the world around them are not real. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

13. Some people have the experience of feeling that their body does not seem to belong to them. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

18. Some people find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

18. Some people find that they sometimes are able to ignore pain. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

19. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

20. Some people sometimes find that when they are alone they talk out loud to themselves. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

21. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

22. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc). Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

23. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that/this (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

24. Some people find evidence that they have done things that they do not remember doing. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

25. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

26. Some people sometimes find that they hear voice inside their head that tell them to do things or comment on things that they are doing. Mark the line to show what percentage of the time this happens to you.

0% ----- 100%

27. Some people sometimes feel as if they are looking at the world through a fog so that people and object appear far away or unclear. Mark the line to show what percentage of the time this happens to you

0% ----- 100%



## SELF CONCEPT QUESTIONNAIRE

This questionnaire deals with attitudes and beliefs that some people have about themselves. Please indicate how much you agree or disagree with each statement by ringing one of the numbers on the right, to represent how you typically feel MOST OF THE TIME. Since people vary so much in the opinions they hold, there are no right or wrong answers.

Thank you.

		Completely disagree		Disagree		Agree		Completely agree	
1.	I have control over my own life.	0	1	2	3	4	5	6	7
2.	I'm easy to like.	0	1	2	3	4	5	6	7
3.	I never feel down in the dumps for very long.	0	1	2	3	4	5	6	7
4.	I can never seem to achieve anything worthwhile.	0	1	2	3	4	5	6	7
5.	There are a lot of things I'd change about myself if I could.	0	1	2	3	4	5	6	7
6.	I am not embarrassed to let people know my opinions.	0	1	2	3	4	5	6	7
7.	I don't care what happens to me.	0	1	2	3	4	5	6	7
8.	I seem to be very unlucky.	0	1	2	3	4	5	6	7
9.	Most people find me reasonably attractive.	0	1	2	3	4	5	6	7
10.	I'm glad I'm who I am.	0	1	2	3	4	5	6	7
11.	Most people would take advantage of me if they could.	0	1	2	3	4	5	6	7
12.	I am a reliable person.	0	1	2	3	4	5	6	7
13.	It would be boring if I talked about myself.	0	1	2	3	4	5	6	7
14.	When I'm successful there's usually a lot of luck involved.	0	1	2	3	4	5	6	7
15.	I have a pleasant personality.	0	1	2	3	4	5	6	7
16.	If a task is difficult that just makes me all the more determined.	0	1	2	3	4	5	6	7
17.	I often feel humiliated.	0	1	2	3	4	5	6	7
18.	I can usually make up my mind and stick to it.	0	1	2	3	4	5	6	7
19.	Everyone else seems much more confident and contented than me.	0	1	2	3	4	5	6	7
20.	Even when I quite enjoy myself there doesn't seem much purpose to it all.	0	1	2	3	4	5	6	7
21.	I often worry about what other people are thinking of me.	0	1	2	3	4	5	6	7
22.	There's a lot of truth in the saying "what will be, will be".	0	1	2	3	4	5	6	7
23.	I look awful these days.	0	1	2	3	4	5	6	7
24.	If I really try I can overcome most of my problems.	0	1	2	3	4	5	6	7
25.	It's pretty tough to be me.	0	1	2	3	4	5	6	7
26.	I feel emotionally mature.	0	1	2	3	4	5	6	7
27.	When people criticise me I often feel helpless and second rate.	0	1	2	3	4	5	6	7
28.	When progress is difficult, I often find myself thinking it's just not worth the effort.	0	1	2	3	4	5	6	7
29.	I can like myself even when others don't.	0	1	2	3	4	5	6	7
30.	Those who know me well are fond of me.	0	1	2	3	4	5	6	7

Please check you have responded to every statement. Thank you.

## GENERAL SEXUALITY QUESTIONNAIRE (PART 1)

Please indicate how much you agree or disagree with the following statements. Please answer as honestly as you can by circling one of the numbers, to indicate how you typically feel **MOST OF THE TIME**. Thank you.

		Agree	Slightly agree	Neither agree or disagree	Slightly disagree	Disagree
1.	I am a good sexual partner.	+2	+1	0	-1	-2
2.	I am depressed about the sexual aspects of life.	+2	+1	0	-1	-2
3.	I think about sex all the time.	+2	+1	0	-1	-2
4.	I would rate my sexual skill quite highly.	+2	+1	0	-1	-2
5.	I feel good about my sexuality.	+2	+1	0	-1	-2
6.	I think about sex more than anything else.	+2	+1	0	-1	-2
7.	I am better at sex than most people.	+2	+1	0	-1	-2
8.	I am disappointed about the quality of my sex life.	+2	+1	0	-1	-2
9.	I do not daydream about sexual situations.	+2	+1	0	-1	-2
10.	I sometimes have doubts about my sexual competence.	+2	+1	0	-1	-2
11.	Thinking about sex makes me happy.	+2	+1	0	-1	-2
12.	I tend to be preoccupied with sex.	+2	+1	0	-1	-2
13.	I am not very confident in sexual encounters.	+2	+1	0	-1	-2
14.	I derive pleasure and enjoyment from sex.	+2	+1	0	-1	-2
15.	I am constantly thinking about having sex.	+2	+1	0	-1	-2
16.	I think of myself as a very good sexual partner.	+2	+1	0	-1	-2
17.	I feel down about my sex life.	+2	+1	0	-1	-2
18.	I think about sex a great deal of the time.	+2	+1	0	-1	-2
19.	I would rate myself low as a sexual partner.	+2	+1	0	-1	-2
20.	I feel unhappy about my sexual relationships.	+2	+1	0	-1	-2
21.	I seldom think about sex.	+2	+1	0	-1	-2
22.	I am confident about myself as a sexual partner.	+2	+1	0	-1	-2
23.	I feel pleased about my sex life.	+2	+1	0	-1	-2
24.	I hardly every fantasise about having sex.	+2	+1	0	-1	-2
25.	I am not very confident about my sexual skill.	+2	+1	0	-1	-2
26.	I feel sad when I think about my sexual experience.	+2	+1	0	-1	-2
27.	I probably think about sex less often than most people.	+2	+1	0	-1	-2
28.	I sometimes doubt my sexual competence.	+2	+1	0	-1	-2
29.	I am not discouraged about sex.	+2	+1	0	-1	-2
30.	I do not think about sex very often.	+2	+1	0	-1	-2

Please check you have responded to all the statements.

Thank you.

## GENERAL SEXUALITY QUESTIONNAIRE (PART 2)

The following questions refer to your current or most recent partner. Please circle the letter which best describes the way things have been with your current partner, or how they had been with your most recent partner. If you are not completely sure which answer is most accurate, please circle the answer, which you feel is the most appropriate. Thank you.

- |     |   |                            |                                  |              |         |        |
|-----|---|----------------------------|----------------------------------|--------------|---------|--------|
| 1.  | How long is it since you have had a partner   | - have a partner currently | - some time ago (please specify) |              |         |        |
| 2.  | How long have you been (or were you) in this relationship (please specify)                          |                            |                                  |              |         |        |
| 3.  | Is your partner   | - male                     | - female                         |              |         |        |
|     |   | Never                      | Hardly<br>ever                   | Occasionally | Usually | Always |
| 4.  | Do you feel uninterested in sex?  | N                          | H                                | O            | U       | A      |
| 5.  | Do you ask your partner what s/he likes or dislikes about your sexual relationship?                 | N                          | H                                | O            | U       | A      |
| 6.  | Are there weeks in which you don't have sex at all?   | N                          | H                                | O            | U       | A      |
| 7.  | Do you become easily sexually aroused?  | N                          | H                                | O            | U       | A      |
| 8.  | Are you satisfied with the amount of time you and your partner spend on foreplay?                   | N                          | H                                | O            | U       | A      |
| 9.  | Do you find that you vagina is so tight that you partner's penis cannot enter it?                   | N                          | H                                | O            | U       | A      |
| 10. | Do you try to avoid having sex with your partner?   | N                          | H                                | O            | U       | A      |
| 11. | Are you able to experience an orgasm with your partner?   | N                          | H                                | O            | U       | A      |
| 12. | Do you enjoy cuddling and caressing your partner's body?  | N                          | H                                | O            | U       | A      |
| 13. | Do you find your sexual relationship with your partner satisfactory?                                | N                          | H                                | O            | U       | A      |
| 14. | Is it possible to insert your finger into your vagina without discomfort?                           | N                          | H                                | O            | U       | A      |
| 15. | Do you dislike stroking and caressing your partner's penis?   | N                          | H                                | O            | U       | A      |
| 16. | Do you become tense and anxious when your partner wants to have sex?                                | N                          | H                                | O            | U       | A      |
| 17. | Do you find it impossible to have an orgasm?  | N                          | H                                | O            | U       | A      |
| 18. | Do you have sexual intercourse more than twice a week?  | N                          | H                                | O            | U       | A      |
| 19. | Do you find it hard to tell your partner what you like and dislike about your sexual relationship?  | N                          | H                                | O            | U       | A      |
| 20. | Is it impossible for your partner's penis to enter your vagina without discomfort?                  | N                          | H                                | O            | U       | A      |
| 21. | Do you feel there is a lack of love and affection in your sexual relationship without discomfort?   | N                          | H                                | O            | U       | A      |
| 22. | Do you enjoy having your genitals stroked and caressed by your partner?                             | N                          | H                                | O            | U       | A      |
| 23. | Do you refuse to have sex with your partner?  | N                          | H                                | O            | U       | A      |
| 24. | Can you reach orgasm when your partner stimulates your clitoris during foreplay?                    | N                          | H                                | O            | U       | A      |
| 25. | Do you feel dissatisfied with the amount of time your partner spends on intercourse itself?         | N                          | H                                | O            | U       | A      |
| 26. | Do you have feelings of disgust about what you do during lovemaking?                                | N                          | H                                | O            | U       | A      |
| 27. | Do you find that your vagina is rather tight so that your partner's penis can't penetrate very far? | N                          | H                                | O            | U       | A      |
| 28. | Do you dislike being cuddled and caressed by your partner   | N                          | H                                | O            | U       | A      |
| 29. | Does your vagina become moist during lovemaking?  | N                          | H                                | O            | U       | A      |

30. Do you enjoy having sexual intercourse with your partner? N H O U A
31. Do you fail to reach orgasm during intercourse? N H O U A

## **APÈNDIX 2: DEFINICIONS**

**Abandonament físic.**- Aquella situació a on les necessitats físiques bàsiques del menor (alimentació, roba, higiene, protecció i vigilància en les situacions potencialment perilloses, educació i/o assistència mèdica) no son ateses temporal o permanentment per cap membre del grup que conviu amb el nen.

**Abandonament emocional.**- La manca persistent de resposta a les senyals (plor, somriure), expressions emocionals, i conductes de proximitat e interacció iniciades per el nen, i la manca de iniciativa e interacció i contacte, per part d'una figura adulta estable.

**Abús Físic.**- Veure maltractament físic.

**Abús sexual.**- Qualsevol contacte (o intent de contacte) sexual, volgut o no volgut, abans de l'edat de 13 anys. Aquest pot ser contacte físic, verbal o visual, en el que va existir una diferència d'edat de cinc anys entre abusat/da i abusador/a; o qualsevol contacte no desitjat, quan la víctima te 13 o mes anys d'edat. Aquesta definició, que te un caire operacional, inclou abús sexual a l'infantesa i a l'edat adulta, violació, abús per part de la parella, i incest. Aquesta es la definició adoptada en el nostre treball, però en la literatura científica abús sexual es pot trobar definit com qualsevol contacte sexual amb una persona menor de 18 anys per part d'un adult des d'una posició de poder o autoritat sobre el nen, utilitzant al nen per la realització d'actes sexuals o com a objecte d'estimulació sexual.

**Abús sexual sense contacte físic.** Aquell abús sexual que consisteix en experiències involucrant únicament parla o gestos de tipus sexual, o

experiències involucrant contacte visual de tipus sexual.

Les experiències involucrant únicament parla o gestos comprenen set situacions, anant des de una petició per fer quelcom de caire "sexual", fins a rebre telefonades obscenes, o escapar-se per els pels de ser atacat sexualment per algú.

Les experiències involucrant contacte visual de tipus sexual varen cobrir vuit situacions, des de mirar fotos o pel·lícules, a observar l'acte sexual o algú mostrant els seus/les seves òrgans sexuals o parts del seu cos nu amb una connotació de tipus sexual.

**Abús sexual de contacte.**- Aquell abús sexual que consisteix en experiències involucrant contacte físic sense penetració, o experiències involucrant contacte físic amb penetració o intent de penetració.

Les experiències involucrant contacte físic sense penetració consistien en disset situacions, que anaven des de rebre o donar petons amb una connotació sexual, tocar, fregar-se, abraçar o tenir contacte amb els òrgans sexuals.

Les experiències involucrant contacte físic amb penetració o intent de penetració comprenien divuit situacions, incloent des de penetració o intent de penetració de les cuixes, vagina, anus, o boca, utilitzant penis, dits, pits, objectes, o parts d'un animal.

**Abús entre companys.**- Abús amb una diferència d'edat menor als cinc anys que requeria que les experiències fossin no volgudes, per diferenciar-ho de la exploració de la sexualitat entre companys.

**Adult.**- Algú més gran de 16 anys d'edat.

**Anus.**- Es refereix a l'orifici posterior d'homes i dones, per el que anem de ventre.

**Biaix.**- És la desviació dels resultats de la veritat com a conseqüència de la manera en la que l'estudi ha estat conduït.

**Conducta o comportament parasuïcida (o dany deliberat en contra d'un mateix).**- Es un concepte que inclou el autoemmetzinament (auto-enverinament deliberat o sobredosi medicamentosa), i la auto-lesió deliberada o comportaments autolesius.

**Comportaments autolesius, conductes autolesives, o auto-lesió deliberada.**- Una auto-lesió intencionada, sense importar la intenció aparent de l'acte, que incloïa tallar-se, rascar-se fins a fer-se mal, donar-se cops, petades, etc.

**Contacte Oral.**- Inclou contacte físic amb la boca, llavis, nas o cara, però no inclou el parlar.

**Controls.**- En un estudi cas-control a l'atzar, són la gent en el grup de comparació.

**Correlació.**- Una mesura de l'associació lineal entre dues variables continues.

**Cronbach alpha.**- Mesura de la consistència interna d'un qüestionari.

Representa el valor mitjà de totes les mesures obtingudes agafant totes les combinacions possibles de la meitat dels ítems del qüestionari i les seves correlacions amb els valors de l'altra meitat (*split-half reliability*).

**Efectivitat Clínica.**- Fins a quin punt una intervenció millora els resultats per els pacients en la pràctica diària. També es coneix com a efectivitat

("effectiveness"). En la seva millor expressió l'efectivitat clínica es centra en els resultats dels estudis cas-control d'assignació aleatòria ("*randomised controlled trials*").

**Experiència Sexual.**- Una experiència que la persona cregui que va tenir una naturalesa o motivació de caire sexual, sense importar si ho va reconèixer en el moment en que estava succeint o mes tard.

**Grup Control.**- Un grup de subjectes que són tant similars al grup experimental com sigui possible, amb la excepció de la variable a estudiar. En aquest estudi utilitzem el que s'anomenen Controls Concurrents. Això vol dir que els casos i els controls són identificats al mateix temps.

**Incidència.**- El nombre de casos nous en una població durant un any. La incidència d'una malaltia es refereix a la proporció d'ocurrència d'aquesta malaltia per unitat temporal.

**Interval de Confiança (IC).**- Una estimació dels límits entre els que una troballa o diferència és possible que estigui situada o els valors entre els que trobem en vertader valor de l'efecte (mai conegut amb total exactitud), donat un grau determinat d'assegurança. Aquesta estimació és tot sovint presentada com a percentatge. Així, un interval de confiança del 95% és possible, com a terme mitjà, que inclogui el valor correcte 19 de cada 20 vegades (o 95% dels casos).

**Maltractament físic.**- Qualsevol acció no accidental (per part dels pares, figures parentals, o altra gent) que provoqui un mal físic o malaltia al nen, o el posi en un risc greu de patir-lo. La definició d'abús físic inclou el donar bufetades fent mal, donar cops de puny, picar molt fort amb extremitats o



objectes, o donar petades.

**Maltractament o abús emocional o psicològic.**- La hostilitat verbal en forma d'insult, humiliació, crítica o amenaça d'abandonament, i constant bloqueig de les iniciatives d'interacció infantils (evitar, tancar o aïllar) per part de qualsevol membre adult del grup familiar o de l'entorn del nen.

L'abús psicològic inclou el haver estat cridat i xisclat, insultat, intentar de fer sentir culpable sense cap motiu, crítica't, ridiculitza't o humiliat, fet passar vergonya davant d'altres, o fer sentir com si fos una mala persona.

**Meta-anàlisis.**- És una tècnica estadística que resumeix els resultats de varis estudis en un resultat únic, donant més pes als resultats dels estudis amb més casos.

**Negligència.**- Terme que inclou les tipologies d'abandonament físic i d'abandonament emocional.

**Òrgans Sexuals.**- Es refereix a l'àrea sexual entre les cames, que inclou el penis i el escrot d'un home (amb els testicles), i el clítoris, llavis de la vagina, i la vagina d'una dona. No inclou qualsevol altra part del cos, com els pits, anus, o les mans.

**Penetració.**- Es refereix a quelcom (per exemple el penis, dit, objecte, o part d'un animal) entrant en un espai estret (per exemple, entre les natges o part superior de les cames) o un forat en el cos (per exemple, vagina, anus, o boca).

**Prevalència.**- La proporció d'una població que ha patit la condició X (per exemple, abús sexual) en qualsevol moment de la seva vida.

**Prevalència de període.**- La proporció de una població que ha patit la condició X (per exemple, abús sexual) durant un període específic de la seva vida. De manera general, el terme prevalència s'utilitza per referir-nos al percentatge de la població que pateix de la malaltia en un moment determinat.

**Poder (d'un test estadístic).**- Una mesura de la possibilitat d'un test a refusar la hipòtesi nul·la quan la hipòtesi nul·la és incorrecte. El acceptar la hipòtesi nul·la quan aquesta és falsa seria el incórrer en un error estadístic de tipus II.

**Raó de Odds (*Odds Ratio*).**- Terme sinònim de risc relatiu. Consisteix en la proporció d'una malaltia, comportament, característica o símptoma en els individus exposats, en relació amb els no exposats.

**Significat estadístic.**- Una indicació de la possibilitat que les diferències que hem identificat es poguessin haver donat degut a l'atzar.

**Sobredosi.**- Veure sobredosi medicamentosa.

**Sobredosi medicamentosa.**- La ingestió deliberada de més de la dosi receptada o recomanada de productes, amb la intenció de fer-se mal a un mateix.

**Tocar.** Inclou acariciar, agafar, fregar, i besar amb les mans o altre part del cos, però no inclou el tocar els òrgans sexuals o ser tocada per ells (ja que això ho inclouríem en una altra categoria).

**Vagina.**- Es refereix a l'orifici que en la dona arriba a la matriu.