THOUGHTS, IMAGES, AND RUMINATION OF SELF-HARM: VALIDATING A NEW MEASURE OF NON-SUICIDAL SELF-INJURY (NSSI) IDEATION

by

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(Under the Direction of Amos Zeichner)

ABSTRACT

Non-Suicidal Self-Injury (NSSI) is deliberate harm of tissue without intent to die (Gratz, Conrad, & Roemer, 2002). Several variables reliably relate to NSSI, and past findings indicated that NSSI ideation is likewise meaningfully correlated (Nock, Prinstein, & Sterba, 2010). Yet, ideation remains understudied as a predictor, as do relationships among NSSI correlates and ideation. The purpose of this research was to investigate how ideation relates to NSSI correlates and behavior. A pilot investigation was carried out, and findings suggested that ideation can be measured via self-report and independently from NSSI. Participants endorsed diverse experiences, suggesting that measurement include attendant thoughts. Subsequently, a new ideation measure was created. 328 participants self-reported on NSSI correlates, behaviors, and ideation. 180 informant reports of participant personality were obtained. Findings indicated that ideation was a distinct variable related to NSSI and predictors. Ideation demonstrated value as a construct and significantly predicted NSSI.

INDEX WORDS: Self-Harm, Self-Injury, Ideation, Personality
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TABLE OF CONTENTS

ACKNOWLEDGMENTS ........................................................................................................ iv
LIST OF TABLES ............................................................................................................... viii

CHAPTER

1 INTRODUCTION ............................................................................................................. 1
Defining Non-Suicidal Self Injury ..................................................................................... 1
Biological Correlates ........................................................................................................ 2
Childhood Abuse Correlates ............................................................................................ 4
Psychology and Distress ................................................................................................... 5
Personality Factors ........................................................................................................... 6
Cognitive Factors ............................................................................................................... 9
Functions of Self-Harm ..................................................................................................... 11
NSSI Ideation ..................................................................................................................... 12
The Current Study ............................................................................................................. 13

2 PILOT STUDY: METHOD ............................................................................................. 16
Participants ......................................................................................................................... 16
Instruments ......................................................................................................................... 16
Procedure .......................................................................................................................... 18

3 PILOT STUDY: RESULTS ............................................................................................ 19
Pilot Study Demographics ............................................................................................... 19
Properties of the NIQ ........................................................................................................19

Correlates of NSSI Ideation ............................................................................................21

4 PILOT STUDY: DISCUSSION ....................................................................................26

5 MAIN STUDY: METHOD ............................................................................................29

Participants ....................................................................................................................29

Instruments ....................................................................................................................29

Procedure .......................................................................................................................37

6 MAIN STUDY: RESULTS ...........................................................................................41

Data Preparation ............................................................................................................41

Sample Characteristics ..................................................................................................42

Characterization of Predictor Variables .......................................................................42

Replication of Previous NSSI Findings .........................................................................43

Validation of the Full NIQ ..............................................................................................46

Item Reduction ...............................................................................................................48

Convergent and Discriminant Validity .........................................................................49

Nomological Network ....................................................................................................50

Incremental Validity .......................................................................................................52

7 MAIN STUDY: DISCUSSION .....................................................................................80

NIQ Preparation ............................................................................................................80

Reliability .......................................................................................................................81

Convergent and Discriminant Validity .........................................................................81

Content Validity: Nomological Network Overlap Amongst NSSI and NISS Ideation ...........................................................................................................................82
Incremental Validity ........................................................................................................................................... 87
Limitations .......................................................................................................................................................... 89
Significance and Implications ............................................................................................................................. 90
Future Directions ............................................................................................................................................... 91
REFERENCES ....................................................................................................................................................... 93
APPENDIX .......................................................................................................................................................... 105
LIST OF TABLES

Table 1: Phi and Pearson R Correlations Amongst Aspects of NSSI Behaviors and Ideations..23
Table 2: Phi Correlations of Specific Type of NSSI Behavior and Ideation..............................24
Table 3: Pearson R Correlations Between ISAS Functions and NIQ Functions .........................25
Table 4: NIQ Items Within Each Factor..................................................................................38
Table 5: Intercorrelations Among Self-Harm Variables by Scale .........................................54
Table 6: Pearson R Correlations Between NSSI and Demographic Variables ......................55
Table 7: Pearson R Correlations Between NSSI and PSQ ..........................................................56
Table 8: Pearson R Correlations Between NSSI and Abuse Experiences ..............................57
Table 9: Pearson R Correlations Between NSSI and BSI ............................................................58
Table 10: Pearson R Correlations Between NSSI and Externalizing Behaviors ....................59
Table 11: Pearson R Correlations Between NSSI and Self and Informant Personality Traits ...60
Table 12: Pearson R Correlations Between NSSI and Emotion Regulation ..........................61
Table 13: Pearson R Correlations Between NSSI and STAXI-2 ............................................62
Table 14: Pearson R Correlations Between NSSI and Shame Variables ...............................63
Table 15: Pearson R Correlations Between NSSI and Impulsivity Variables ..........................64
Table 16: Intercorrelations Among Ideation Variables .............................................................65
Table 17: Phi Correlations Between Type of NSSI and Ideation ............................................66
Table 18: Correlations Among NSSI and NIQ variables .........................................................67
Table 19: Pearson R Correlations Between NIQ and Demographic Variables ........................................68
Table 20: Pearson R Correlations Between NIQ and PSQ .....................................................................69
Table 21: Pearson R Correlations Between NIQ and Abuse Experiences .............................................70
Table 22: Pearson R Correlations Between NIQ and BSI .....................................................................71
Table 23: Pearson R Correlations Between NIQ and Externalizing Behaviors .................................72
Table 24: Pearson R Correlations Between NIQ and Self and Informant Personality Traits ..........73
Table 25: Pearson R Correlations Between NIQ and Emotion Regulation ...........................................74
Table 26: Pearson R Correlations Between NIQ and STAXI-2 .................................................................75
Table 27: Pearson R Correlations Between NIQ and Shame Variables .................................................76
Table 28: Pearson R Correlations Between NIQ and Impulsivity Variables .........................................77
Table 29: Pearson Correlations Between Predictor Variables and NSSI Ideation (Without Self-Harm) Versus Self-Harmers ..............................................................................................................78
CHAPTER 1

INTRODUCTION

Defining Non-Suicidal Self-Injury

The ongoing expansion research on self-harm behavior suggests a complex construct, especially in that it is purported to serve several functions and correlate with a multitude of variables. For instance, self-harm behaviors remain ill-defined and undifferentiated in the majority of the literature (Mangnall & Yurkovich, 2008). Generally defined, self-harm behaviors could refer to any self-inflicted injury with a variety of intentions, ranging from suicide attempts to harming oneself without intending to die. To eliminate the overlap of such constructs, the construct of interest has been further narrowed to non-suicidal self-injury, or NSSI. NSSI is defined as intentional destruction or alteration of body tissue without suicidal intent (see Gratz, Conrad, & Roemer, 2002; Klonsky, 2006, 2007). Empirical evidence supports the move to conceptualize NSSI differently from self-harm. Research findings indicate that NSSI is distinct from the construct of suicidality and that the two have separate nomological networks (Brausch & Gutierrez, 2010; Claes, Muehlenkamp, Vandereycken, Hamelink, & Claes, 2010; Muehlenkamp & Gutierrez, 2004, 2007).

NSSI appears to be a clinically relevant construct as well. NSSI behaviors can range from painful in the slightest to disfiguring or accidentally fatal in the more severe incidents. Additionally, while NSSI is separate from suicidality, engaging in self-harm behaviors has been positively correlated with likelihood of attempting suicide (Klonsky & Olino, 2008; Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006; Whitlock & Knox, 2007). Moreover,
NSSI is not a rare phenomenon and is highly prevalent in both clinical and community samples. Lifetime prevalence rates for community samples alone suggest between 23 and 46% of individuals have experienced at least a single incident of NSSI (Gratz et al., 2002; Muehlenkamp & Gutierrez, 2004, 2007; Ross & Heath, 2002). As expected, these rates are higher in clinical samples, with particularly high prevalence rates in Borderline Personality Disorder (i.e., 60-83% for a single incidence of any NSSI act; Shearer, 1994; Soloff, Lis, Kelly, Cornelius, & Ulrich, 1994). Diagnostic criteria partially explain this higher prevalence, as self-harm and suicidal behaviors are one symptom of Borderline Personality Disorder (BPD; see Diagnostic and Statistical Manual of Mental Disorders, 4th ed., text rev.; DSM-IV-TR, American Psychiatric Association, 2000).

Given the clinical importance of NSSI, several studies have focused on identifying relevant constructs, and important correlates of NSSI behaviors have been reliability identified. These diverse variables reflect varied areas of functioning, including biological correlates, childhood experiences, current psychopathology, personality traits, and emotional experiences. Additionally, NSSI correlates are important to consider in the context of motivation; different behaviors serve different functions. The complexity of such behavior is exemplified when noting that many of these variables are interrelated amongst themselves (e.g., current psychological distress and childhood experiences). Such a diverse network requires a thorough understanding of each factor and its contributions to NSSI.

**Biological Correlates**

Risk for engaging in NSSI behaviors may have biological underpinnings. A large proportion of individuals who engage in NSSI report no pain while self-harming (Nock, 2009), a finding corroborated via experimental paradigms. Furthermore, this difference appears to be tied
to both actual NSSI behaviors as well as underlying factors, such as specific personality traits. For instance, individuals who reported higher levels of BPD symptoms and concurrent NSSI were found to have the lowest pain sensitivity (i.e., endured pain the longest) when compared to individuals higher on BPD symptoms with past (but not current) endorsement of NSSI as well as to healthy controls (Ludäscher et al., 2009). Additionally, individuals with higher levels of BPD symptoms and with past NSSI reports had significantly lower pain sensitivity than healthy controls (Ludäscher et al., 2009). It should be noted that generalizability of these findings is restricted given that the sample was restricted to individuals with BPD instead of self-harmers across diagnoses. As such, findings may reflect phenomenon associated with BPD more so than self-harm.

Recent findings suggest that differential pain tolerance in populations more likely to engage in NSSI may have a regulatory purpose. Activation in neural areas considered important to emotion processing (i.e., amygdala, anterior cingulate, and insula) was increased for participants with BPD compared to healthy controls following both emotional and neutral stimuli (Niedtfeld et al., 2010). As such, individuals at increased risk for self-harm (e.g., higher on BPD traits) and who report greater emotion-management difficulties may actually experience emotions differently on a biological, physiological level. Niedtfeld and colleagues (2010) found that this activation was decreased following a task in which participants experienced a painful stimulus. As such, it appears that, in this sample, enduring pain decreased emotional intensity and facilitated a return to emotional baseline, thereby suggesting that NSSI may function as a means to reduce intense emotional experiences. It should be noted, again, that this sample drew conclusions based on diagnosis of BPD rather than NSSI endorsement.
Individuals who engage in NSSI may also be willing to endure pain for a longer period of time, even after a stimulus reportedly crosses their individual pain threshold (Hooley, Ho, Slater, & Lockshin, 2010). This higher pain tolerance relates to other variables associated with increased psychological distress and NSSI, as will be discussed in further detail below: higher neuroticism, higher introversion, and higher self-critical cognitions (Hooley et al., 2010).

**Childhood Abuse Correlates**

Child abuse has been widely studied as a predictor of various self-injurious behaviors, with focus placed on different forms of abuse (i.e., physical, sexual, and emotional maltreatment). Findings have frequently supported the existence of a link between endorsement of a history of abuse and increased NSSI (see Low, Jones, MacLeod, Power, & Duggan, 2000; Shenk, Noll, & Cassarly, 2010; Wedig & Nock, 2007; Wiederman, Sansone, & Sansone, 1999; Yaryura-Tobias, Neziroglu, & Kaplan, 1995). Importantly, maltreatment appears relevant not only to NSSI but also to related variables. A recent meta-analysis suggested that the correlations between sexual abuse and NSSI may be a product of concurrent negative outcomes (Klonsky & Moyer, 2008). When depression, post-traumatic stress symptoms, and psychological dysregulation were included in the interactive model of NSSI and child sexual abuse, PTSD symptoms mediated the relationship between abuse and NSSI (Shenk et al., 2010). Furthermore, Weismoore and Esposito-Smythers (2010) found that the relationships between distinct types of child abuse and NSSI were non-significant. However, NSSI manifested significant relationships with cognitive distortions regarding self-worth, which were also positively correlated with abuse. These findings suggest that self-critical cognitions may be an underlying factor between the two constructs. In another study, self-critical thoughts were also found to partially mediate the relationship between abuse and NSSI (Glassman, Weierich, Hooley, Deliberto, & Nock, 2007).
These findings indicate that child abuse remains an important predictor of NSSI alongside other variables.

**Psychopathology and Distress**

The entangled relationship between child abuse and NSSI suggests that psychological distress (e.g., depression, PTSD) is an important predictive variable. The impact of psychological symptoms on NSSI behaviors has been well documented through past research. In one sample, 87.6% of self-harmers met criteria for an Axis I disorder, including both internalizing and externalizing disorders (Nock et al., 2006). Furthermore, psychological distress and psychiatric symptoms have manifested relationships to intensity of NSSI behaviors (moderate and severe rather than mild forms; Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; Nock et al., 2006). Although the presence of psychological symptoms is related to NSSI, specific pathology or diagnoses appears to be less important. Sansone, Songer, and Miller (2007) found no between-group differences among Axis I diagnoses when investigating self-harm behaviors within an inpatient sample. The exception to this appears to be substance use, as NSSI relates to use of both alcohol and illicit substances (Hasking, Momeni, Swannell, & Chia 2008; Hawton, Rodeham, Evans, & Weatherall, 2002; Tuisku et al., 2009; Williams & Hasking, 2010). This relationship appears reciprocal; recent findings suggested that the prevalence of using substances while engaging in NSSI is increasing (O’Loughlin & Sherwood, 2005). Furthermore, NSSI is correlated with thinking about misusing substances as well as the actual consumption (Nock et al., 2010). This indicates that engagement in one maladaptive behavior (e.g., NSSI, substance misuse) relates to evincing ideation of a variety of maladaptive behaviors before acting on one (Nock et al., 2010). As such, the common underlying factor between NSSI
and substance use may be that both behaviors serve as a maladaptive coping mechanism and are likely used for other functions (e.g., emotion regulation).

**Personality Factors**

The variability and diverse relationships amongst NSSI behaviors suggests that individual differences may contribute to the underlying factors of NSSI. Personality traits have been a primary point of interest due to the high prevalence of NSSI in BPD. Studies using basic trait models of personality have found that traits related to emotion dysregulation (i.e., affective lability, propensity to experience negative emotions, and impulsivity) appear central to NSSI.

Affective lability represents instability and fluctuation of emotional experiences, with individual differences found regarding how strongly individuals experience emotions and how frequently emotions shift. This construct appears to be independent of the commonly studied Big Five personality trait model, including neuroticism (Kamen, Pryor, Gaughan, & Miller, 2010). Affective lability is traditionally conceptualized as an underlying core factor of BPD that directly influences other observable traits, such as impulsive behavior and difficulties in interpersonal relationships (see Linehan, 1993). NSSI may provide an external means of emotion regulation for individuals who evince high affective lability. This particular function is conceptualized as one type of “automatic” (or self-motivated) function of NSSI (Klonsky, 2006). The theorized relationship between NSSI and affective lability has been supported by empirical findings. When considering several negative life outcomes (e.g., psychological distress, quality of life, NSSI), affective lability was related solely to NSSI, suggesting a strong and unique relationship between the two variables (Kamen et al., 2010). As previously indicated, such differences in emotional experience have been replicated with neuroimaging techniques (e.g.,
Niedtfeld et al., 2010), indicating that affective lability plays an important role in NSSI behaviors.

Neuroticism represents a personality trait of increased propensity to experience negative emotions. As with affective lability, neuroticism appears to be an important underlying factor to understanding self-harm. High neuroticism scores are one underlying trait of BPD and are correlated with a number of clinically relevant outcomes (e.g., Kamen et al., 2010) including NSSI. Neuroticism is correlated with endorsement of automatic functions of self-harm and more severe NSSI (MacLaren & Best, 2010), as well as higher pain endurance observed in self-injurers (Hooley et al., 2010).

Additionally, the impact of neuroticism can be observed beyond the collective measurement of overall negative emotion experience when considering specific emotions (e.g., anger, shame). Particularly, negative emotions that are high in physiological arousal appear to be especially important to understanding NSSI. When reporting emotional states that precede NSSI, self-reporters endorsed engaging in NSSI as a result of anger (e.g., Matsumoto, 2004; Sakellidais, 2010). Similar findings have been found in that angry rumination correlated positively with increased NSSI prevalence (Selby, Anestis, Bender, & Joiner, 2009). Anger appears to relate differentially to separate functions of self-harm, with particular importance for functions relating to the expression of self-disgust or punishment of oneself (Brown, Comtois, & Linehan, 2002; Klonsky, 2007). In a similar vein, shame appears to be also relevant to NSSI behaviors. Linehan (1993) suggested that shame may be an underlying factor that strongly contributes to maladaptive behavior within BPD individuals. Additionally, these emotional states may be intensified in specific contexts that are linked to shame. For instance, romantic relationship status and fears of rejection have been linked to increases in self-injurious thoughts
and behaviors (Levesque, Lafontaine, Bureau, Cloutier, & Dandurand, 2010). These findings suggest that shame may relate to increases in emotional distress in populations already vulnerable to difficulties with regulating negative emotion.

Impulsivity is another personality trait thought to relate to self-harm, as engaging in risky and maladaptive behaviors is often considered the product of acting impulsively rather than of careful selection. Self-reports have supported this relationship, suggesting that self-harmers consider themselves more impulsive (Janis & Nock, 2009). However, these effects did not appear when behavioral measures of impulsivity (e.g., Conner’s Continuous Performance Task) were used (e.g., Janis & Nock, 2009). Of note, past measurements and conceptualizations of impulsivity have been inconsistent, and recent research suggested that impulsivity may be a multi-faceted construct (Whiteside & Lynam, 2001). It is possible that inconsistencies in the relationships between NSSI and impulsivity found in the literature reflect inconsistent measurement. For instance, urgency (i.e., increased impulsivity in response to emotional experience) has been identified as one type of impulsivity (see Whiteside & Lynam, 2001). Given that emotion dysregulation and experiences of negative emotion have been identified as meaningful predictors of NSSI, it stands to reason that paradigms measuring negative urgency may be more closely associated with NSSI than tasks associated with cognitive attention, such as the Conner’s Continuous Performance Task.

It is also important to consider frequent inconsistencies between self- and informant-perception of personality traits. For instance, the way an individual conceptualizes and reports upon their personality traits may differ from how their parents or peers view them (Meyer et al., 2001; Ready, Clark, Watson, & Westerhouse, 2002). Gathering informant reports for personality variables has been a growing trend in personality research. Given the salience of certain traits to
NSSI behaviors, informant observations of personality may provide unique insight into the personality of self-harmers that is independent from self-reported traits.

**Cognitive Factors**

Similarly to personality factors, cognitions also further complicate the nomological network of NSSI behaviors. Cognitive variables of interest include both thought patterns (e.g., thought suppression, rumination) and thought content (e.g., cognitive distortion). Thought suppression is a cognitive strategy used to cope with adverse thoughts in which an individual attempts to repress a distressing thought (Najmi, Wegner, & Nock, 2007). This strategy prevents properly processing emotions, and when the technique fails, the distressing thoughts still exist, leading to enhanced negative affect. As such, thought suppression may be related to increasing and prolonging emotional distress. Pertinently, thought suppression has been found to mediate the relationship between emotional reactivity and NSSI thoughts and behaviors (Najmi et al., 2007).

Rumination is another cognitive coping strategy that proves maladaptive in terms of NSSI behaviors. Ruminating over adverse thoughts can increase negative affect, which, in turn, increases rumination over the negative situation, potentially leading to a cycle of mounting distress (Selby et al. 2009). This cycle is sometimes labeled an “emotional cascade.” Empirical findings suggest that inducing emotional cascades in a laboratory setting in individuals with BPD relates to increased negative affect (Selby et al., 2009). After inducing cascades, these participants reported greater emotional distress than healthy controls further illustrating emotional reactivity in BPD (Selby et al., 2009). As such, rumination may lead to heightened emotional distress in populations with emotional coping deficits and who are at greater risk for
NSSI. However, it is important to note that these findings may be related more closely to BPD rather than self-harm alone, given that the study sample was restricted to participants with BPD.

Thought content, in addition to thought pattern, also plays a role in NSSI. As previously discussed, cognitive distortions are an important mediating factor in the relationship between child abuse history and NSSI (Weismoore & Esposito-Smythers, 2010). Likewise, self-critical thoughts underlie the relationship between NSSI and history of emotional abuse (Glassman et al., 2007) and between NSSI and pain endurance (Hooley et al., 2010). Similar findings have been found for cognitions and memories related to social experiences. Social perfectionism (i.e., the need to meet the expectations of others) has been linked to increased negative mood as well as to self-harm (Rasmussen, O’Connor, & Brodie 2008). This suggests that individuals who strive for perfection in social situations are also more sensitive to social shortcomings, which may result in increased emotion dysregulation and use of maladaptive coping skills.

Autobiographical memory (i.e., recalling personal events) appears to be vague and “overgeneral” (i.e., summary of experiences rather than recollection of specifics) in individuals who endorse histories of repetitive self-harm but not in individuals only recently initiating NSSI (Rasmussen et al., 2008, p. 65). Increased social perfection and overgeneral autobiographical memory negatively impact problem solving ability (e.g., noticing both positive and negative aspects of interactions equally) and decrease ability for positive thinking, which in turn may relate to increased reliance on external means of regulating negative emotional experiences.

Additionally, suicidal thoughts have also been linked to NSSI. Suicidal ideation and NSSI are often co-occurring across several populations, including adolescents (e.g., Kirkcaldy, Brown, & Siefen, 2006), outpatients (de Klerk et al., 2011; Harned, Najavits, & Weiss, 2006), and college samples (Toprak, Cetin, Guven, Can, & Demircan, 2010). These similar rates of
prevalence suggest that suicidal ideation is an important cognitive variable to consider in regards to NSSI. Additionally, like with child abuse, it is possible that common underlying mechanisms affect both suicidal ideation and NSSI.

**Functions of Self-Harm**

Identifying consistent correlates of NSSI behaviors is a beneficial step in defining the nomological network of NSSI and begins to address the more complicated question of why individuals may engage in self-harm (e.g., to regulate negative emotions). However, research on functions of NSSI suggests that these functions are far more diverse than emotion regulation. In fact, NSSI appears to serve multiple functions (e.g., Klonsky, 2006; Klonsky & Olino, 2008; Nock & Prinstein, 2004). Self-harm has been theoretically linked to motives such as regulating negative affect, reversing dissociation, preventing suicide, defining self-boundaries, punishing oneself, influencing others, and sensation-seeking (Klonsky, 2006). These functions can be divided into two categories: automatic (i.e., regulating internal processes) and social functions (i.e., regulating external processes; Nock & Prinstein, 2004). Risk factors relevant to NSSI, such as those reviewed above, may manifest different relationships depending upon the function of NSSI endorsed, and each function of NSSI may have a unique set of meaningful predictors.

Overall, automatic functions and, specifically, regulating negative emotions were endorsed by the majority of self-harmers (Klonsky, 2006; Nock & Prinstein, 2004). Endorsement of automatic functions of NSSI was related to more severe psychopathology, isolated commission of NSSI, and increased suicide risk (Glenn & Klonsky, 2009; Klonsky & Olino, 2008). Although less often endorsed, social functions of NSSI were also reported by self-injurers (see Nock & Prinstein, 2004). Therefore, further investigations of NSSI predictors and behaviors should incorporate a measure of functions to determine how these influence relationships.
NSSI Ideation

NSSI behaviors may be even further complicated by the presence of NSSI ideation. NSSI ideation can be conceptualized as the thoughts and images regarding wanting to harm oneself absent of the intent to die. NSSI ideation, although an emerging topic of interest, remains relatively understudied. Given that suicidal ideation is a well-studied predictor variable of NSSI behavior, it stands to reason that NSSI ideation may be equally important. Past research indicated that NSSI ideation related to higher prevalence of NSSI (e.g., Evans, Hawton, & Rodham, 2005; Nock 2009). Additionally, self-harm thoughts have been found to co-occur with thoughts associated with other dysregulated behavior (e.g., alcohol and substance use; Nock, Holmberg, Photos, & Michel, 2007). NSSI ideation also appears correlated with functions of self-harm. For instance, images of completing self-injury have been shown to relate to decreases in physiological markers associated with negative affect (Welch, Linehan, Sylvers, Chittams, & Rizvi, 2008). Such relationships suggest that NSSI ideation may be a means of regulating negative emotions or may reinforce beliefs that NSSI can alter emotional states. This preliminary evidence supports the view that NSSI ideation is an important variable to consider when evaluating NSSI behaviors. However, to adequately appraise the importance of NSSI ideation, it is first necessary to thoroughly assess the construct.

Current methods of assessing NSSI ideation are limited. The Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock et al., 2007) is one validated measure of NSSI ideation and can be used to provide rationale for constructing the NIQ and, conversely, to highlight limitations in current NSSI ideation assessment. The SITBI accounts for frequency and content of such thoughts but does not assess thoughts peripheral to NSSI, such as beliefs about NSSI thoughts, imagined scenarios, or emotional experiences related to NSSI ideation. Given the above-
mentioned importance of cognitive styles and content to NSSI behaviors, the exclusion of peripheral thoughts may reflect a serious limitation in the understanding and prediction of NSSI behavior. While the SITBI may be helpful in assessing some aspects of NSSI ideation, having an assessment of NSSI ideation and relevant variables is important to furthering NSSI research.

**The Current Study**

The primary purpose of the present research was to expand understanding of NSSI ideation and how said thoughts relate to important variables associated with NSSI behaviors. As such, a questionnaire to assess the frequency and content of NSSI ideation as well as related thoughts, beliefs, and emotion experiences was designed and validated.

The NSSI Ideation Questionnaire (NIQ) was constructed over the course of the current research in a manner consistent with scale development (see Clark & Watson, 1995; Smith, Fischer, & Fister, 2003). A pilot study was conducted in order to gather open-ended data regarding experience with NSSI ideation as well as how these thoughts related to current and past NSSI behavior. These data were then used to further develop the NIQ to include thoughts reported by pilot study participants. An additional validation study was conducted in order to assess the reliability and validity of the full NIQ. Specifically, correlational and regression techniques were used to explicate the structure and utility of the NIQ. Relationships within the NIQ, between the NIQ and NSSI outcomes, and between the NIQ and important nomological variables were also examined.

It was hypothesized that self-report of NSSI ideation will correlate positively with self-report of engaging in NSSI. Furthermore, those who endorse ideation of a specific type or intensity of NSSI (e.g., cutting) were expected to endorse higher commission of commensurate NSSI behaviors (e.g., thinking about cutting oneself will relate to actually cutting oneself).
Little research has been done to verify that NSSI ideation shares similar relationships to the correlates of NSSI reviewed above. Therefore, the influence of pain sensitivity, a history of child abuse and parental invalidation, psychopathology, and personality traits as relevant to NSSI ideation and behavior were a primary focus. For instance, pain sensitivity was expected to differentiate those who evince ideation of NSSI without acting on said thoughts from self-harmers (i.e., those who have higher pain sensitivity would be less likely to engage in NSSI behaviors, even if they think about them, in order to avoid pain). It was also expected that a history of child abuse, particularly emotional abuse and having experienced an invalidating environment, would be positively correlated with NSSI ideation. Similar findings were expected for overall levels of psychological distress and symptoms.

Assessments of personality traits included both self-reported traits and informant reports of participant personality. These informant reports provided several advantages. They provided information that is not tainted by limited insight, as self-report may be, particularly in populations with high levels of distress. Additionally, informant reports indirectly assess participant communication to peers (e.g., ability to cope with distress, concern for others). As such, informant reports of participant personality traits and NSSI ideation allowed a more nuanced conceptualization of self-harm. It was expected that both self- and peer-ratings of neuroticism and affective instability would be positively related to NSSI ideation and commission. Additionally, high ratings (i.e., both self and peer) were hypothesized to positively relate to the automatic function of NSSI ideation and commission. Likewise, it was anticipated that that peer ratings of antagonism (i.e., the reverse score of agreeableness) would correlate with social functions of NSSI ideation and commission.
Additionally, the current study aimed to examine the interactive effect of several pertinent predictors of NSSI and, specifically, how NSSI ideation predicts NSSI behaviors when other predictors of self-harm are controlled.

Given that a variety of NSSI functions exist, it is possible that NSSI ideation relates differentially to these functions. Therefore, another goal of the current investigation was to determine whether NSSI relates differently to either social or automatic functions of NSSI. It was expected that NSSI ideation would be more strongly related to endorsing NSSI automatic functions. Furthermore, it was anticipated that thought content would relate differentially to these functions (e.g., imagining the presence of others likely relates to social, but not automatic, functions of self-harm).
CHAPTER 2

PILOT STUDY: METHOD

Participants

Participants were recruited from the research participant pool at a Southeastern U.S. University, which comprises students from undergraduate psychology classes. Participants received partial class credit for participating in this study. A sample large enough to include 20 self-harmers ($N = 73$) was recruited for the initial study. Participants were recruited via Sona Systems, a web-based experiment scheduling and tracking system. The institutional review board approved the protocol, and all participants provided written informed consent prior to participation in this study.

Instruments

Pilot Study NIQ Validation Measure. This measure was specifically designed for the current study in order to assess NSSI ideation. The questionnaire consists of several multiple choice (e.g., “Tell us about your tendency to think about or imagine harming yourself, without intent to die” with options ranging from “never” to “always”) and open-ended (e.g., “Please use the space below to describe thoughts (or images) about harming yourself, without intending to die”) questions. These questions were specifically designed to extend the NIQ assessment of ideation (i.e., ensure that thoughts endorsed by participants were adequately represented) and to fully account for the construct of NSSI ideation as described by participants. As this assessment is relatively unstructured, content omitted from the NIQ was identified and addressed prior to full data collection.
**Deliberate Self-Harm Inventory (DSHI; Gratz, 2001).** The DSHI is a 17-item questionnaire that assesses self-harm and associated aspects (i.e., frequency, severity, duration, and type). The DSHI provides both a dichotomous assessment of self-harm (i.e., comparing those who endorse self-harm behaviors to those who do not) as well as a dimensional assessment of self-harm (e.g., frequency of individual acts). The DSHI was included in the current pilot study as a means of assessing self-harm.

**Inventory Statements about Self-Injury (ISAS; Klonsky & Glenn, 2009).** The ISAS measures function of NSSI through two separate sections. The first section measures lifetime prevalence and descriptive and contextual factors (i.e., age of onset, social context, experience of pain, time delay between urge and behavior, and desire to stop). The second portion of the ISAS assesses 13 functions of self-harm: affect-regulation, anti-dissociation, anti-suicide, autonomy, interpersonal boundaries, interpersonal influence, marking distress, peer-bonding, self-care, self-punishment, revenge, sensation seeking, and toughness. These functions map onto two scales: intrapersonal and interpersonal functions. Each item is assessed on a 3-point-scale (“not relevant," "somewhat relevant," or "very relevant"). The ISAS was included in the current pilot study to corroborate the relationship between NSSI and NSSI ideation, as measured using the DSHI, and to determine whether NSSI ideation relates to specific functions of self-harm. The original validation study of the ISAS found Cronbach alphas of .80 and .88 for the intrapersonal and interpersonal subscales of self-harm functions. This was consistent with the current sample (α = .77 for intrapersonal, α = .86 for interpersonal).

**NSSI Ideation Questionnaire (NIQ), pilot study version.** The NIQ was specifically developed to assess NSSI ideation and NSSI comprehensively. Although these two behaviors are distinct from one another, assessing them on a common scale allows comparing prevalence of
common types of NSSI directly. The NIQ has three sections: The first section comprises a checklist of 16 specific forms of self-harm. The second section assesses ideation reflecting each of these 16 corresponding specific types. This section also assesses descriptive characteristics of each type of ideation (i.e., age of onset, intensity of thoughts, urgency to act on thoughts, duration of thoughts, and number of years active). This section contains general questions regarding ideation (e.g., whether the participant has ever been hospitalized). The last section of the NIQ assesses ideation reflective of social (e.g., Do you... “Think about others paying attention to you”) and automatic (e.g., Do you... “Think about bad feelings ending”) functions of NSSI.

**Demographics Questionnaire.** This questionnaire assesses pertinent demographics (i.e., race and ethnicity, age, gender, and sexual orientation) of all participants. This questionnaire was included in the current pilot study in order to determine whether specific demographic variables appear to be related differentially to NSSI ideation or to the other variables of interest. A copy of all measures can be found in the appendices.

**Procedure**

Data were collected via Qualtrics web-based data software. Participants electronically signed the consent form and were debriefed online immediately following completion of the questionnaires. Of note, only participants who positively endorsed a history of self-harm or self-harm ideation were of interest for the current study, and participants who denied previous experience with NSSI behaviors or ideation were moved forward through the survey and did not report on every scale. Questionnaires were presented to the participants in random order, with the exception of the demographics questionnaire, which all participants completed first.
CHAPTER 3

PILOT STUDY: RESULTS

Pilot study Participant Demographics

Mean age of participants was 19.95 (SD = 4.10). Of a total of 73, the sample was predominately female (n = 54) and predominately Caucasian (n = 63). Thirty four percent (n = 25) reported at least one past incidence of NSSI, with a 32% subset of current self-harmers. Via the NIQ, 42% of the initial sample identified as having at least one lifetime incident of NSSI ideation, and 19% percent of these individuals endorsed current ideation. Two dichotomous variables were created to indicate past NSSI behavior or ideation.

Properties of the NIQ

Accuracy of the self-harm checklist was calculated by comparing the number of self-harmers identified via the NIQ to those identified via the DSHI and ISAS, of which the NIQ correctly identified 72%. Two instances of self-harm that were not assessed by the NIQ were reported on open-ended questions (i.e., kicking objects and ingesting prescription medication inappropriately). The NIQ was the sole measure to identify another instance of self-harm (i.e., choking). Lastly, one form of self-harm was not identified by any measure but was endorsed solely on the open-ended pilot questionnaire (i.e., self-harm via the lack of self-care).

The second section of the NIQ assesses qualities of NSSI ideation, including frequency, intensity, duration, and urge to act on thoughts. Each of these items is assessed via a 4-point scale. The measure also assesses age of onset of NSSI ideation, the number of years ideation has been experienced, and whether ideation is current (i.e., has been present within the last month).
The following analyses were based only on the subset of participants who endorsed experiencing NSSI ideation \((n = 31)\). In the current sample, the mean lifetime frequency of ideation was 1.04 years \((SD = .16)\), suggesting that participants endorsed few specific NSSI ideation events. Likewise, average intensity \((M = 1.36, SD = .53)\), duration \((M = 1.15, SD = .33)\), and level of urgency to act on thoughts \((M = 1.39, SD = .69)\) suggested that, even when present, ideation is frequently unintrusive. While the mean scores of these indices were positively skewed, higher frequency items were endorsed, albeit more rarely, for each item. Findings on the pilot study questionnaire were similar and suggested that the NIQ assessment of these variables was adequate.

Within the NIQ, age of onset \((M = 13.89, SD = 2.86)\) and total years experiencing NSSI ideation \((M = 2.86, SD = .89)\) were assessed via open-ended format. Whether ideation is current or past was assessed via a forced-choice option (those who currently experience NSSI ideation: \(n = 6\)), leaving the majority if individuals endorsing past ideation \((n = 25)\). Participants were likely to endorse thinking about multiple types of specific NSSI behaviors during ideation \((M = 2.13, SD = 1.43)\). While responders identified ideation of several specific NSSI forms via the NIQ, when asked about their experiences on the open-format pilot-study questionnaire, responders identified general thoughts \((n = 9)\) more commonly than specific ones, such as those provided on the NIQ \((n = 4)\).

The final section of the NIQ assessed episodes of hospitalization due to NSSI behavior and/or ideation as well as functions of NSSI ideation (e.g., automatic and social functions). None of the current sample endorsed pertinent hospitalization episodes. Function of NSSI ideation was measured via count of eight functions, four automatic \((M = 1.89, SD = .90)\) and four social \((M = 1.46, SD = .66)\).
Correlates of NSSI Ideation

Preliminary analyses were conducted to determine potential areas of interest regarding NSSI ideation. In the current sample, engaging in NSSI behaviors and experiencing NSSI ideation were significantly related, $\phi(71) = .431, p \leq .001$. Previous experience of self-harm was related to experiencing a greater number of types of NSSI ideation (e.g., ideation on multiple behaviors; $r(70) = .54, p = .002$), and having greater urgency to act on those thoughts than non-self-harmers, $r(28) = .37, p = .05$. Likewise, endorsing current NSSI behaviors was positively related to experiencing a greater number of types of NSSI ideation (e.g., ideation on multiple behaviors), $r(29) = .45, p = .011$, as was endorsing current NSSI ideation $r(29) = .36, p \leq .05$. Experiencing NSSI ideation at a higher frequency was related to a greater urge to act on these thoughts, $r(29) = .43, p = .018$, while reporting greater intensity of ideation was correlated with increased duration of ideation, $r(29) = .73, p \leq .001$. See Table B1.

Phi correlation coefficients were computed to determine whether having engaged in specific past behaviors (e.g., cutting oneself) was related to endorsing specific types of ideation (e.g., thinking about cutting oneself). Data were unavailable (i.e., one of the two items was not endorsed) for four of the NSSI types (i.e., exposing skin to harmful substances, piercing with sharp objects, breaking bones, and engaging in risky behavior). All remaining NSSI types manifested significant correlations between ideation and behavior at the $p \leq .001$ level, with the exception of rubbing rough objects on skin, $\phi(71) = -.02, p = .865$, and swallowing harmful substances, $\phi(71) = -.01, p = .905$. See Table B2.

Automatic functions of NSSI ideation measured via the NIQ were correlated with a summation of ISAS automatic functions, $r(20) = .56, p = .006$, but not ISAS social functions,
Social functions of NSSI ideation were correlated with a summation of both ISAS automatic, \( r(20) = .47, p < .037 \), and social functions, \( r(20) = .50, p = .017 \).

On the open-ended questionnaire designed for this pilot study, participants voiced several vulnerability factors linked to increased intensity and specificity of ideation (e.g., surrounding implements, the people present, recent substance use, and the difficulty or intensity of current distress). Data collected with the pilot study questionnaire suggested that participants experienced various states of negative affect before the onset of NSSI ideation, including identified feelings of anger, isolation and loneliness, sadness, and emptiness. Participants provided evidence for automatic beliefs in self-harm, suggesting they believed negative emotions would remit following self-harm behaviors (\( n = 7 \)); several participants, however, voiced fears that self-harm would induce negative feelings associated with self-disapproval (\( n = 4 \)). Participants also voiced belief in social functions of NSSI, including believing that self-harm would communicate distress to others (\( n = 3 \)) and induce guilt in others (\( n = 3 \)). Two participants reported concern of being negatively judged for evincing self-harm ideation. See Table B3.
Table 1

*Phi and Pearson R Correlations Amongst Aspects of NSSI Behaviors and Ideations*

*Notes.* *p* ≤ .05, **p** ≤ .01

a Phi, instead of Pearson, correlation
b The entire sample was included.
c Only the subset of the sample endorsing lifetime NSSI ideation via the NIQ was used.

Given that many correlations were derived from the subset of the sample endorsing lifetime NSSI ideation, some correlations were unable to be calculated and are denoted with “N/A.”

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
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<td><strong>.43</strong></td>
<td><strong>.43</strong></td>
<td>.25</td>
<td><strong>.54</strong></td>
<td>.37</td>
<td>.22</td>
<td>.05</td>
<td>.10</td>
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<tr>
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<td>.20</td>
<td><strong>.49</strong></td>
<td><strong>.45</strong></td>
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<td>.11</td>
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<td>.06</td>
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<td>N/A</td>
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<td>N/A</td>
<td>N/A</td>
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<td>4. Ideation – Current</td>
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<td>.29</td>
<td>.13</td>
<td>.01</td>
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<td>6. Ideation Urgency</td>
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<td>8. Ideation Duration</td>
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<td></td>
<td></td>
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<td>.73</td>
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<td>9. Ideation Intensity</td>
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Table 2

*Phi Correlations of Specific Type of NSSI Behavior and Ideation*

*Notes. * $p < .05$, ** $p < .01$*

<table>
<thead>
<tr>
<th>Type</th>
<th>Phi Correlation</th>
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<tbody>
<tr>
<td>Cutting</td>
<td>.59**</td>
</tr>
<tr>
<td>Burning</td>
<td>.74**</td>
</tr>
<tr>
<td>Carving into skin</td>
<td>.81**</td>
</tr>
<tr>
<td>Scratching oneself</td>
<td>.39**</td>
</tr>
<tr>
<td>Biting oneself</td>
<td>.48**</td>
</tr>
<tr>
<td>Rubbing skin with something rough</td>
<td>-.02</td>
</tr>
<tr>
<td>Putting caustic substance on skin</td>
<td>-----</td>
</tr>
<tr>
<td>Sticking oneself with something sharp</td>
<td>-----</td>
</tr>
<tr>
<td>Breaking a bone</td>
<td>-----</td>
</tr>
<tr>
<td>Hitting</td>
<td>.53**</td>
</tr>
<tr>
<td>Preventing wound healing</td>
<td>.56**</td>
</tr>
<tr>
<td>Pinching</td>
<td>.82**</td>
</tr>
<tr>
<td>Pulling hair</td>
<td>.42**</td>
</tr>
<tr>
<td>Swallowing harmful substances</td>
<td>-.01</td>
</tr>
<tr>
<td>Choking</td>
<td>.57**</td>
</tr>
<tr>
<td>Putting oneself in a risky situation</td>
<td>-----</td>
</tr>
</tbody>
</table>
Table 3

*Pearson R Correlations Between ISAS Functions and NIQ Functions*

*Notes.* *p* ≤ .05, **p** ≤ .01

<table>
<thead>
<tr>
<th></th>
<th>NIQ Automatic/Intrapersonal</th>
<th>NIQ Social/Interpersonal</th>
</tr>
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<tbody>
<tr>
<td>ISAS Automatic/Intrapersonal</td>
<td>.56**</td>
<td>.47*</td>
</tr>
<tr>
<td>ISAS Social/Interpersonal</td>
<td>.25</td>
<td>.50*</td>
</tr>
</tbody>
</table>
CHAPTER 4

PILOT STUDY: DISCUSSION

The main purpose of the pilot study was to establish initial validity of the NIQ and to identify limitations that may be rectified in advance of the full study. Owing to the limited sample size of this pilot study, results must be interpreted with caution. In terms of properties of the NIQ, the study indicated that differentiation between NSSI ideation and behaviors can be accomplished via this instrument. Likewise, results suggested that ideating about a specific form of self-harm is, for the most part, related to engaging in those specific behaviors.

Although the NIQ has demonstrated promise as a questionnaire of NSSI ideation, areas to be improvement remain. Preliminary analyses suggested that the NIQ self-harm check list captures the majority, but not all, individuals who identify as self-harmers. Accuracy may have been partially compromised due to the fact that the NIQ and ISAS measure different levels of NSSI severity (e.g., defining NSSI through the NIQ item “Hitting/Punching (hard enough to bruise self)” versus the ISAS item “Banging or Hitting Self”). As such, another item was added to the NIQ that included these behaviors without the requisite outcome (e.g., “Scratching, Biting, Pinching, Hitting NOT hard enough to leave a mark”). Additionally, types of self-harm that were not included in the NIQ checklist but were endorsed via open-ended questions were predominately behaviors that were extensions of existing items. Therefore, to improve accuracy, three of the items on the existing NIQ (i.e., assessment of sticking oneself with sharp objects, of hitting and banging behaviors, and of ingesting poison) were broadened to include behavior reported by the current sample (i.e., using safety pins, kicking objects, and improperly ingesting
medication). Finally, an item was added to assess for self-harm via a general lack of self-care (e.g., “Not taking care of myself on purpose, not as the result of other difficulties (for example: taking on too many responsibilities, not sleeping or eating as I should”) as this was endorsed via the open-ended pilot questionnaire. The wording of these altered and added items was also changed in the second section of the NIQ, which assesses ideation, in order maintain consistency across sections of the questionnaire.

Additional changes were made within the second section of the NIQ. Data from the open-ended questionnaire in the current study suggested that including a general ideation question within the framework of the NIQ may increase identification of NSSI ideation. This item was added to the NIQ to improve assessment. As previously discussed, items were altered and added to mirror the first section of the NIQ. Beyond this, the variety of specific ideation questions included in the NIQ appears to be adequate as no additional scenarios were reported. Regarding specific aspects of NSSI ideation, these items appeared appropriately worded and structured. However, one item was added for each type of NSSI ideation: consistency of these thoughts ranging from “very consistent” to “come and go.” This item was included as it is possible that differences exist between those who experience NSSI ideation inconsistently and those who think about NSSI regularly. Of note, questions regarding specific aspects of NSSI ideation (e.g., frequency, duration) were positively skewed. Although these questions are not normally distributed, some participants positively endorsed them. It was decided to maintain the structure of these items so that endorsement of more severe NSSI ideation could be detected.

Perhaps the most drastic changes to the original NIQ were made in the third section, which originally included items reflecting thoughts about functions of self-harm. This section previously included eight questions, with four questions for automatic and four for social
functions. However, findings from the pilot study questionnaire demonstrated that participants hold a wide variety of thought patterns on content surrounding NSSI ideation. As such, 50 new questions were added to the NIQ third section that reflected these responses. These new items were grouped into four factors: items reflecting experiences prior to NSSI ideation, experiences during NSSI ideation, experiences following NSSI ideation, and in-vivo changes as a result of NSSI ideation. One goal of the primary validation study, described below, was to determine the reliability and validity of these new items.

Overall, results from the pilot study indicate that NSSI ideation is an important construct. While it is distinguishable from NSSI behavior, results from the unstructured pilot study questionnaire suggested that ideation appears to be related to increased distress and vulnerability. Likewise, ideating about specific forms of self-harm seems to be related to actually engaging in self-harm. Therefore, conclusions from the pilot study indicated that further assessment of the NIQ is warranted and may be helpful in understanding a deleterious clinical phenomenon.
CHAPTER 5

MAIN STUDY: METHOD

Participants

Three-hundred-twenty-eight participants were recruited via Sona Systems from the research participant pool at a Southeastern U.S. University, and received partial class credit for participating. The institutional review board approved the protocol, and all participants provided written informed consent prior to participation in this study. Sample characteristics can be found in the Results section below.

Instruments

Self-report measures.

Demographics Questionnaire. This questionnaire assesses pertinent demographics (i.e., race and ethnicity, age, gender, and sexual orientation) of all participants. This questionnaire was included in the current study to determine if specific demographic variables appear to be related differentially to the NSSI predictors, behaviors, or ideation.

NSSI Ideation Questionnaire (NIQ). The NIQ provides a measure of NSSI ideation and has been extended to incorporate items participants endorsed on an open-ended questionnaire provided in the pilot study. The NIQ has three sections. The first section comprises a checklist of 15 specific self-harm types. The second session assesses ideation, both general thoughts (e.g., “I want to harm myself”) and specific thoughts reflecting each of these 15 corresponding specific types. This section also assesses descriptive characteristics of each thought (i.e., intensity of, duration of, urge to act on, age of onset of, currency of, timeline history of, and consistency of
the thought). Duration is defined as how long these thoughts last once initiated (i.e., on the order of minutes to days) while timeline history indicates how long the person has experienced NSSI ideation. The last section of the NIQ assesses NSSI-related thought content within one of four categories: items reflecting experiences prior to NSSI ideation, experiences during NSSI ideation, experiences following NSSI ideation, and in-vivo changes as a result of NSSI ideation. See the measure in Table B4 for a list of items under each category.

These items are measured on a six point Likert scale (0-5; “never occurs” to “strongly agree”). The NIQ is included in the current study as a measure of NSSI ideation and peripheral characteristics that may be important to NSSI ideation. Therefore, it measures the construct of interest. For the current sample, Cronbach alpha coefficients for the section three questions were all adequate (all $\alpha = .99$).

**Deliberate Self-Harm Inventory (DSHI; Gratz, 2001).** The DSHI is a 17-item questionnaire that assesses self-harm and associated aspects (i.e., frequency, severity, duration, and type). The DSHI provides both a dichotomous assessment of self-harm (i.e., comparing those who endorse self-harm behaviors to those who do not) as well as a dimensional assessment of self-harm (e.g., frequency of individual acts). The DSHI was included in the current study as a means of assessing NSSI, the outcome variable of interest. This allows the current study to replicate relationships found in previous research, to validate the new extended NIQ, and to relate informant reports of personality to NSSI.

**Inventory Statements about Self-Injury (ISAS; Klonsky & Glenn, 2009).** The ISAS measures function of NSSI through two separate sections. The first section measures lifetime prevalence and descriptive and contextual factors (i.e., age of onset, social context, experience of pain, time delay between urge and behavior, and desire to stop). The second portion of the ISAS
assesses 13 functions of self-harm: affect-regulation, anti-dissociation, anti-suicide, autonomy, interpersonal boundaries, interpersonal influence, marking distress, peer-bonding, self-care, self-punishment, revenge, sensation seeking, and toughness. These are assessed on a 3-point-scale ("not relevant," "somewhat relevant," or "very relevant"). The 13 functions can be organized into higher-order categories: intrapersonal (or automatic) and interpersonal (or social) functions. For the purposes of the current study, the two higher-order functions were organized as described by Klonsky and Olino (2008). The ISAS was included in the current study to provide an additional assessment of NSSI to further support the suggested findings. Additionally, the ISAS will provide a means to investigate the relationships between function of NSSI, NSSI predictors, and NSSI ideation. The original validation study of the ISAS found Cronbach alphas of .80 and .88 for the intrapersonal and interpersonal subscales of self-harm functions, which was consistent with the current sample (α = .92 and .88 respectively).

**Pain Sensitivity Questionnaire (PSQ; Ruscheweyh, Marziniak, Stumpenhorst, Reinholz, & Knecht, 2009).** The PSQ assesses pain sensitivity through 17 questions reflecting everyday situations (e.g., “Imagine you bump your shin badly on a hard edge, for example, on the edge of a glass coffee table. How painful would that be for you?”). Participants rate anticipated pain intensity on a 10-point-scale. The PSQ yields a total score and a score for both mildly and moderately painful events. The PSQ manifested good internal and test-retest reliability in German-speaking samples (i.e., total scale α = .92, mild subscale α = .81, and moderate subscale α = .91) but has not yet been validated in English-speaking samples. Although the current sample consists of native English speakers, reliability coefficients were similar in the current sample for total score (α = .91), which is the score used in the current study. Likewise, the PSQ demonstrates validity through strong correlations with multiple pain
endurance tasks and is thought to be a valid assessment of general pain sensitivity within German-speaking samples. It was included in the current study as a means of relating self-reported pain tolerance to NSSI behaviors and ideation. This allowed attempted replication of previous pain tolerance research and to determine if pain sensitivity was a construct of interest in terms of NSSI ideation.

**Child Abuse and Trauma Scale (CATS; Sanders & Becker-Lausen, 1995).** The Home Environments Questionnaire (HEQ) of the CATS is a 38-item self-report measure that assesses child abuse history via a five-point-scale used to indicate frequency of each event. The types of maltreatment assessed include physical, sexual, emotional, and psychological maltreatment as well as a composite abuse score. The HEQ manifested good reliability (α = .90) and correlated with outcomes typically associated with abuse (e.g., depression) in the original validation study. Reliabilities in the current sample were also adequate for total score (α =.85) as well as subscales (physical abuse α = .77, verbal abuse α = .74, sexual abuse α = .79, and emotional abuse α = .84). The HEQ was included in the current study as a means of assessing how child abuse history relates to NSSI behaviors and ideation, thereby providing the opportunity to replicate previous research and to extend these findings to NSSI ideation.

**Invalidating Childhood Environments Scale (ICES; Mountford, Corstorphine, Tomlinson, & Waller, 2007).** The ICES is an 18-item measure of childhood experiences related to parental and familial invalidation. The ICES includes a 5-point scale to determine how frequently both parents (i.e., mother and father) engaged in each behavior. The ICES also yields a subscale measuring overall family experiences. The measure demonstrated adequate reliability in the original validation study (maternal invalidation α = .66, paternal invalidation α = .60). The current sample demonstrated good reliability (maternal invalidation α = .85, paternal invalidation
α = .87, family styles α = .61). The ICES was included in the current study as an additional measure of child abuse history to further extend the previously suggested findings.

**Brief Symptoms Inventory (BSI; Derogatis, 1992).** The BSI is a 53-item questionnaire that assesses nine psychological symptoms. The BSI contains three indices of distress: Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total. Given that previous research has supported the importance of overall distress but not specific symptoms in relationship to NSSI, the current study only reports the GSI, which demonstrated adequate internal consistency in the current sample (α = .97). The BSI was included in the current study to replicate previous findings with NSSI predictors and behaviors and to extend these findings to NSSI ideation.

**Crime and Analogous Behavior Scale (CAB).** The CAB assesses self-reports of externalizing behavior, including antisocial behavior, substance use, gambling, and violence. Given that previous findings suggest that NSSI relates to other risky behaviors (e.g., substance use, antisocial behaviors, risky sexual behaviors, gambling), the CAB was included as a measure of risky behaviors that may be of interest in relationship to NSSI predictors, behaviors, and ideation.

**NEO Personality Inventory-Revised (Costa & McCrae, 1992).** The NEO PI-R is a 240-item self-report measure that assesses normal personality dimensions based on the Five Factor Model (i.e., neuroticism, extraversion, openness, agreeableness, and conscientiousness). The NEO PI-R assesses both the five higher-order personality domains and corresponding lower-order facets, with six facets per domain. The NEO PI-R assesses traits via a 5-point-scale ranging from “strongly disagree” to “strongly agree.” Given that personality has been demonstrated to be an important correlate of NSSI, the NEO PI-R was included in the current
study as a means of assessing personality, replicating previous findings, and extending these findings to NSSI ideation. In the current study, the five higher-order domains were utilized. The NEO PI-R is a widely used personality assessment and demonstrated good reliability and validity in the original validation sample (facet $\alpha$ ranging from .86 to .92) which was similar to the reliability in the current sample (facet $\alpha$ ranging from .87 to .92).

**Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004).** The DERS is a 36-item self-report measure of problems with emotion regulation. DERS items are rated on a scale from 1 (“almost never,” 0-10%) to 5 (“almost always,” 91% to 100%). The DERS yields six subscales (i.e., non-acceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity), as well as a total score. The total score was the index reported in the current study as an overarching measure of emotion dysregulation.

Given previous findings suggesting that emotion dysregulation may be an underlying construct driving NSSI behaviors, the DERS was included to replicate these findings and extend them to NSSI ideation. The DERS manifested good internal consistency in the original validation study ($\alpha = .93$), which is consistent with the current findings ($\alpha = .94$).

**State Trait Anger Expression Inventory, 2 (STAXI-2; Spielberger, 1999).** The STAXI-2 is a questionnaire that assesses state anger experiences, trait anger experiences, and anger control. The STAXI-2 also assesses whether individuals express anger inwardly or outwardly. The STAXI-2 was included in the current study to measure likelihood to experience anger and different coping and control strategies related to anger experiences. Given that anger has been previously linked to NSSI, the STAXI-2 provided a means of replicating previous findings and extending these findings to NSSI ideation. In the current sample, state anger was not included,
as current mood was not relevant to the study goals. The STAXI-2 demonstrated adequate reliability (α coefficients ranged from .75 to .87).

**The Test of Self-Conscious Affect-3 (Tangney & Dearing, 2002).** The TOSCA-3 measures emotional responses (i.e., shame, guilt, detachment, externalization, alpha pride, and beta pride) to a series of 16 scenarios. Each scenario is either negative or positive and is followed by four reactions measuring one of the aforementioned emotional responses. Each response is coded on a 5-point Likert scale ranging from “not likely” to “very likely.” Only the shame and guilt subscales were used in the current study. These were used to not only replicate previous findings but also were important in extending findings to NSSI ideation. In the current sample, reliabilities appeared adequate for both shame (α = .79) and guilt (α = .88).

**Personal Feelings Questionnaire - 2 (PFQ-2; Harder, Rockart, & Cutler, 1993).** The PFQ-2 is a 22-item self-report questionnaire used to measure propensity to experience shame and guilt. Sixteen of these items are emotion words that participants rank from 0: “you never experience the feeling” to 4: “you experience the feeling continuously or almost continuously.” The remaining items are non-scored filler items. The PFQ-2 yields two subscales: shame and guilt. The subscales in the current sample demonstrated adequate reliability (α = .82 and α = .85, respectively). The PFQ was included in the current study as an additional measure of shame and guilt to replicate findings with NSSI and extending these findings to NSSI ideation. The PFQ-2 provided an alternate measurement of these emotions from the TOSCA-3 to further test the reliability of these relationships.

**Compass of Shame Scale (CoSS; Elison, Lennon, & Pulos, 2006).** The CoSS is a 48-item measure that assesses four different types of maladaptive coping during shameful situations: Attack Self, Withdrawal, Attack Other, and Avoidance. The CoSS was included in the current
study as a means of identifying how emotion coping skills specific to shame relate to NSSI predictors, behaviors, and ideation. Given that shame has previously been identified as an emotion of interest for NSSI engagers, individual ability to cope with shame may also yield meaningful relationships. The CoSS has been found to be internally reliable in the original validation sample (coefficient $\alpha$ ranged from .74 to .91), which was similar to the current sample ($\alpha = .81$ to .94).

**UPPS-PU Impulsivity Behavior Scale (UPPS-PU; Lynam, Smith, Cyders, Fischer, & Whiteside, 2006).** The UPPS-PU is a 59-item self-report measure of impulsivity-related traits: Negative and Positive Urgency, Lack of Perseverance, Lack of Premeditation, and Sensation Seeking. The UPPS-PU uses a 4-point scale ranging from “agree strongly” to “disagree strongly.” Previous findings on impulsivity have been mixed in relationship to NSSI. The UPPS-PU is included in the current study as a more nuanced measure of impulsivity to relate to NSSI predictors, behaviors, and ideation. In the current study, the UPPS-PU demonstrated adequate internal consistency (coefficient $\alpha = .87$ to .89).

**Informant report measures.**

**Adapted Five Factor Model Rating Form (AFFMRF).** The AFFMRF is based on the Five-Factor Model Rating Form (Mullins-Sweat, Jamerson, Samuel, Olson, & Widiger, 2006). While the FFMRF is used for self-report, the AFFMRF has been adapted to gather informant report data. It consists of 32 items, the first 30 of which reflect the facets of the NEO PI-R conceptualization of the Five-Factor Model. These facets are organized by domain (i.e., each higher-order trait: neuroticism, extraversion, openness, agreeableness, and conscientiousness) so that there are six facets per domain. The AFFMRF yields a total score for each of these higher-order domains. The remaining two items are adapted from the DERS in order to measure
emotion regulation. The AFFMRF has a 5-point Likert scale for both sets of items. This measure was included in the current study as a means of identifying peer observations of personality, as these provide a personality measure from an alternative perspective of self-report and further understanding the interactions between NSSI engagers and peer interactions. In the original AFFMRF, reliability coefficients ranged from .51 to .78. In the current study, up to three informants provided reports for participants. These three reports were averaged to obtain an informant rating on each of the higher order domains. For many of these, reliability was similar to the validation study (extraversion $\alpha = .52$, openness $\alpha = .73$, agreeableness $\alpha = .52$, conscientiousness $\alpha = .57$). However, neuroticism appeared to be internally unreliable ($\alpha = .29$). Of note, the two items measuring informant affective lability appeared similar to the majority of the subscales ($\alpha = .61$). Copies of all the measures may be found in the Appendices.

Procedure

Data was collected from participants and peers via Qualtrics web-based data software. Initially, participants were presented with a consent form and, if they consented to participate, were allowed to complete all self-report questionnaires. Questionnaires were presented to the participants in a random order, with the exception of the demographics questionnaire, which was completed first. This session lasted approximately two hours.

Included in their responses, participants were asked to provide e-mail addresses of three peers. E-mail notes were sent to peers containing a link to a consent form and questionnaires. The consent form indicated that participation is voluntary and that responses will be kept confidential. Informant questionnaires (i.e., identification questions and the AFFMRF) were completed via Qualtrics.
Table 4

*NIQ Items Within Each Factor*

*Notes:* * denotes this item was removed following data reduction.

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel sad or depressed.</td>
<td>Before Ideation</td>
</tr>
<tr>
<td>2. I feel lonely or think that I have no friends.*</td>
<td></td>
</tr>
<tr>
<td>3. I think nothing is fixable or that nothing will change.*</td>
<td></td>
</tr>
<tr>
<td>4. I just fought with someone.</td>
<td></td>
</tr>
<tr>
<td>5. I feel my emotions are more “deep” or intense than usual.*</td>
<td></td>
</tr>
<tr>
<td>6. I have taken drugs or used other substances.*</td>
<td></td>
</tr>
<tr>
<td>7. There are not many people around.*</td>
<td></td>
</tr>
<tr>
<td>8. It is late in the day.</td>
<td></td>
</tr>
<tr>
<td>9. I am bored.*</td>
<td></td>
</tr>
<tr>
<td>10. I think I am a failure in some way or that something is wrong with me.</td>
<td></td>
</tr>
<tr>
<td>11. I feel anger or frustration.*</td>
<td></td>
</tr>
<tr>
<td>12. I think that I have been abandoned.</td>
<td></td>
</tr>
<tr>
<td>13. I feel empty.</td>
<td></td>
</tr>
<tr>
<td>14. I feel embarrassed and/or regretful.</td>
<td></td>
</tr>
<tr>
<td>15. I am not certain how I feel.*</td>
<td></td>
</tr>
<tr>
<td>16. I spend a lot of time imagining the time leading up to the imagined act.</td>
<td>During Ideation</td>
</tr>
<tr>
<td>17. It is important for me to imagine the specific method (e.g., cutting, burning) of self-harm.</td>
<td></td>
</tr>
<tr>
<td>18. It is important for me to imagine a specific social environment.*</td>
<td></td>
</tr>
</tbody>
</table>
19. It is important for me to imagine the feelings I would experience.
20. I also think that acting on the thoughts will fix nothing.
21. I picture using the implements available around me.
22. I know I would never act on these thoughts.*
23. I think about how long it has been since I’ve had similar thoughts.
24. I think about how long it has been since I’ve hurt myself.
25. It is important for my thoughts to be varied and differ rather than be the same each time.
26. I think that these thoughts are problematic.
27. I imagine harming myself where other people won’t notice the resulting marks.

28. It is important for me to imagine the aftermath of my imagined self-harm.
29. I imagine feeling no different.
30. I imagine getting out of punishment from others because of my imagined self-harm
31. I imagine that others are worried or concerned because of my imagined self-harm.
32. I imagine feeling relieved and/or relaxed.
33. I imagine the physical pain I would feel or the damage I would have caused.
34. I determine if the imagined self-harm was a “job well done.”
35. I imagine that others are disappointed in me because of my imagined

<table>
<thead>
<tr>
<th>After Ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. It is important for me to imagine the aftermath of my imagined self-harm.</td>
</tr>
<tr>
<td>29. I imagine feeling no different.</td>
</tr>
<tr>
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</tr>
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</tr>
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</tr>
<tr>
<td>34. I determine if the imagined self-harm was a “job well done.”</td>
</tr>
<tr>
<td>35. I imagine that others are disappointed in me because of my imagined</td>
</tr>
</tbody>
</table>
### Self-harm

36. I imagine that my imagined self-harm reduces bad feelings.

37. I imagine that my imagined self-harm makes me feel properly punished and is what I deserved.

38. I imagine that my imagined self-harm helps me get out of doing something unpleasant.

39. I imagine that others understand my pain because of my imagined self-harm.

40. I imagine that others are regretful they didn’t treat me differently because of my imagined self-harm.

41. I imagine that my imagined self-harm creates happiness, calm, or peace.

42. I imagine that my imagined self-harm leaves scars that make me look better (attractive, interesting).*

### In Vivo Changes

43. Worry that others think I am unstable or have issues or will be disappointed in me.

44. Feel no different.*

45. Feel relieved or relaxed.

46. Feel less negative feelings.*

47. Tell others about my thoughts.*

48. Feel happy, calm, or peaceful.

49. No longer desire scars.

50. Feel more negatively.
CHAPTER 6
MAIN STUDY: RESULTS

Data Preparation

Of the original participants \( N = 404 \), 76 were removed for unreliable data (e.g., responding with the same number across all items and measures, not responding to more than 40 items either by indicating preference not to respond or leaving the item blank, completing the survey in a time considered to be unreliable). This left 328 participants for inclusion in analyses. Of these participants, 180 (54.88%) had at least one informant complete the peer report, and 101 (30.79%) had multiple informants.

Several of the questionnaires administered in the current study allowed participants to provide open-ended answers, which required numerical coding for analysis. Answers that appeared either improbable (e.g., “150” incidents of DUI within the past 12 months) or were not quantified (e.g., “many”) were recoded to match the mean response of that item.

Given the low prevalence rates of many of the items measured (e.g., antisocial behaviors, self-harm), the majority of the variables included were skewed. As a result, log transformations were performed in order to increase normality. Of note, given the numerous comparisons made amongst the variables of interest, the alpha level was set to \( p \leq .001 \) to reduce the likelihood of Type I error.
Sample Characteristics

The entire sample included 328 undergraduate participants with an average age of 18.87 years \((SD = 1.29)\). The majority of the sample identified as female \((n = 182, 55.49\%)\), Caucasian \((n = 280, 85.37\%)\), and heterosexual \((n = 306, 93.29\%)\).

Regarding NSSI, nearly a quarter \((n = 77, 23.48\%)\) reported having participated in NSSI behavior over their lifetime. The most common form of NSSI in the current sample was preventing wound healing, followed by hitting/banging oneself and scratching oneself.

NSSI ideation was reported by 131 participants \((39.94\%)\) of the current sample. Of these individuals, 54 endorsed NSSI behaviors \((41.22\% \text{ of individuals who endorse ideation})\). The majority of self-injurers also reported NSSI ideation \((n = 63, 81.81\% \text{ of self-injurers})\). Of note, although 168 participants endorsed any lifetime incident of NSSI ideation, only 42 endorsed thinking about NSSI reliably. As such, for some of the ideation scales, sample size was limited in relation to the overall subsample of individuals who endorsed lifetime NSSI ideation. These limitations are detailed below.

Categorization of Predictor Variables

To best suit the goals of the current project, predictor variables were grouped into several categories: demographics, pain tolerance (i.e., measured via the PSQ), abuse history (i.e., scores obtained via the HEQ and ICES), distress and psychological symptoms (i.e., interpreted from the GSI subscale of the BSI), externalizing difficulties (i.e., items measured via the CAB), basic personality traits (i.e., scales measured via the NEO PI-R and AFFMRF), emotion dysregulation (i.e., the DERS total score), anger experiences (i.e., subscales of the STAXI-2), shame and guilt experiences and coping skills (i.e., scores obtained via the PFQ, TOSCA-3, and CoSS), and impulsivity (i.e., measured via the UPPS-PU).
Replication of Previous NSSI Findings

Pearson correlation coefficients were computed in order to determine the relationships between predictor variables and NSSI behaviors. This served not only to replicate previous findings but to also provide baselines for comparing relationships with NSSI ideation. Significant findings are reported below and complete tables can be found in Tables B6 – B15.

Several variables were calculated to measure different aspects of NSSI. A dichotomous variable was calculated to differentiate those with any lifetime act of self-harm from those who have never engaged in self-harm (Self-Harmer). Amongst self-harmers, continuous variables were created to measure frequency of acts of NSSI (i.e., how many times an individual reported engaging in any NSSI act), the number of types of NSSI behaviors endorsed (NSSI type count), and how often this behavior occurs.

Notably, NSSI engagement was unrelated to gender, $\varnothing (326) = -.12, p = .03$, although popular portrayal of NSSI depicts higher prevalence among females. Likewise, pain tolerance was unrelated to all NSSI variables.

Reported abuse experiences manifested mixed findings with NSSI variables. Specifically, verbal abuse, expressed emotion, and total abuse were consistently related to NSSI variables. Verbal abuse manifested significant relationships with NSSI engagement, $r(326) = .19, p \leq .001$; frequency of NSSI engagement, $r(326) = .21, p \leq .001$; and NSSI type count $r(326) = .22, p \leq .001$. Emotional abuse was also related to NSSI engagement, $r(326) = .33, p \leq .001$; frequency of NSSI behavior, $r(326) = .36, p \leq .001$; and type count, $r(326) = .36, p \leq .001$. These patterns were similar for total abuse and NSSI engagement, $r(326) = .27, p \leq .001$; NSSI frequency, $r(326) = .29, p \leq .001$; and type count, $r(326) = .29, p \leq .001$. 
Individuals who endorsed engaging in NSSI also reported higher levels of general distress, \( r(326) = .23, p \leq .001 \). Additionally, general level of distress was related to NSSI frequency, \( r(326) = .24, p \leq .001 \); NSSI type count, \( r(326) = .26, p \leq .001 \); and how often NSSI behaviors occur, \( r(326) = .36, p \leq .001 \).

In terms of externalizing behavior, NSSI components were predominantly related to antisocial behaviors, a variable calculated by summing several dichotomous variables (e.g., engaging in theft, aggression, breaking and entering). Antisocial behaviors were significantly related to NSSI frequency, \( r(325) = .22, p \leq .001 \), and type count, \( r(325) = .20, p \leq .001 \). Notably, past substance use was not related to any NSSI variables in the current sample.

Basic personality traits were measured via self-report and through informant report. For self-reported traits, neuroticism was the only personality trait related to NSSI variables, including NSSI engagement, \( r(326) = .23, p \leq .001 \); frequency, \( r(326) = .18, p \leq .001 \); and type count, \( r(326) = .21, p \leq .001 \).

Composite scores were created of peer reports of personality, and these scores were correlated with their respective self-reported personality traits. The majority of these were significant, including for openness, \( r(181) = .31, p \leq .001 \); agreeableness, \( r(181) = .34, p \leq .001 \); conscientiousness, \( r(181) = .34, p \leq .001 \); and extraversion, \( r(181) = .41, p \leq .001 \). However, neuroticism was non-significant, \( r(181) = .16, p = .03 \). None of the composite scores yielded significant relationships with the NSSI variables.

Personality traits were further explored in terms of variables related to affective lability (i.e., emotion regulation), neuroticism (i.e., anger experiences, experiencing guilt or shame, and coping with shame), and impulsivity. NSSI engagers reported greater difficulties regulating
emotion, \( r(326) = .19, p \leq .001 \); the frequency of NSSI engagement, \( r(326) = .21, p \leq .001 \); and the types of NSSI endorsed, \( r(326) = .23, p \leq .001 \).

In terms of emotional experience, anger appeared to be minimally related to NSSI variables. Only increased internalization of anger related to NSSI engagement, \( r(326) = .19, p \leq .001 \). None of the other anger constructs, including controlling anger, related to any NSSI variables. Shame and guilt, other negative emotions hypothesized to relate to NSSI, yielded mixed findings. For the PFQ-2, higher levels of shame were related to NSSI engagement, \( r(326) = .18, p \leq .00 \), but higher reported levels of guilt were not. However, neither TOSCA-3 score (i.e., shame or guilt) yielded a significant relationship with NSSI variables.

Ability to cope with feelings of shame also proved to be an important variable in relationship to NSSI. Engaging in NSSI was related to avoiding negative feelings of shame and shameful messages, \( r(326) = .19, p \leq .001 \); to attacking oneself in response to shameful feelings and negative messages, \( r(326) = .25, p \leq .001 \); and to withdrawing in response to shame, \( r(326) = .25, p \leq .001 \). Attacking oneself and withdrawing were also related to increased frequency of NSSI, \( r(326) = .26, p \leq .001 \) and \( r(326) = .23, p \leq .001 \), respectively. This was similar for type count of NSSI, \( r(326) = .27, p \leq .001 \) and \( r(326) = .23, p \leq .001 \), respectively. Only attacking oneself was related to how often NSSI behaviors occur, \( r(326) = .44, p \leq .001 \). Attacking others yielded no significant correlations with NSSI variables.

The last personality variable of interest was impulsivity. Interestingly, none of the impulsivity scores (i.e., negative urgency, lack of premeditation, lack of perseverance, sensation seeking, or positive urgency) were related to any NSSI variables.

Pearson correlation coefficients were also computed among ISAS functions of NSSI and various aspects of NSSI behaviors. Automatic functions of self-harm related to NSSI frequency,
type count, and how often these behaviors occur, with correlations ranging from .54 to .58.

Social functions of self-harm, however, were unrelated to NSSI variables.

Validation of the Full NIQ

Given that the NIQ is a newly created measure, one of the main goals of the current research was to validate the measure. As previously mentioned, the NIQ comprises three sections, each with an individual purpose and characteristics.

**Section One.** The first section of the NIQ is a checklist of 15 specific NSSI behaviors. This is included to provide a measure of NSSI that can be directly compared to NSSI ideation. In the current sample, the NIQ section one checklist identified 77 individuals who reported any lifetime occurrence of NSSI.

**Section Two.** The second section of the NIQ measures the prevalence of NSSI ideation (both generally and of specific types) as well as several characteristics of ideation. As previously stated, 131 individuals reported any lifetime occurrence of NSSI ideation. In the current sample, the relationship between engaging in NSSI behaviors and ideating was significant, $\phi(326) = .50$, $p < .001$.

The NIQ provides not only a means of measuring overall NSSI ideation, but also ideation of specific NSSI type. The purpose of measuring specific types was to determine whether ideation of a specific type of NSSI relates to engaging in that specific act. To determine these relationships, Phi correlations were computed between each specific type of NSSI behavior (e.g., cutting oneself) and each specific type of ideation (e.g., thinking about cutting oneself; see Table B17). Of note, this could not be calculated for intentionally breaking a bone, placing caustic substances on skin, and strangling oneself, as this behavior was not endorsed by any participants in the current sample. The majority of the correlations were significant (i.e., ranging from .35 to
.56, \( p \leq .001 \) but relationships were not significant for rubbing skin with abrasive items, \( \theta(326) = -0.01, p = .81 \), or for swallowing harmful substances, \( \theta(326) = .14, p = .01 \). Overall, these findings suggest that typical ideation of a specific form of NSSI is related to actually engaging in that behavior.

The NIQ section two also provides a measure of aspects of NSSI ideation, including thought intensity, duration of the thoughts for each incident, strength of urge to act on thoughts, age the thoughts initiated, whether or not these thoughts are current, length of time these thoughts have been present, and consistency of the thoughts over their existence. Of note, participants often misinterpreted the items regarding duration, as such this was dropped from analyses. For the current study, composite scores were derived via calculating the mean of each of these aspects across all types of NSSI behavior as well as the general ideation item. This yielded the following variables: dichotomous variables grouping individuals who have experienced NSSI ideation (NSSI ideation engagement) and for whether individuals are currently experiencing NSI ideation (NSSI ideation currency) and continuous variables of NSSI thought intensity, urge to act on thoughts, length of time ideation has been present, and for thought consistency. Additionally, a continuous variable was created for a count of the number of types of NSSI ideation (e.g., cutting, burning). These scales will be further discussed below in the Convergent and Discriminant Validity and Incremental Validity sections.

**Section Three.** Section three of the NIQ consists of 50 items derived from participant responses on the open-ended questionnaire given in the pilot study. These items consist of experiences that may relate to how participants think or feel before, during, and after thinking about self-harm.
**Item Reduction**

An inter-item correlation matrix was computed to determine the relationships among these 50 items. In the original analysis, all participants (i.e., 328) were included. Although nearly half of the original sample endorsed any lifetime prevalence of NSSI, only 42 participants reported consistent ideation, as the majority indicated “never” for these items. Therefore, the majority of participants answered 0 for all section three items, restricting variability. As such, inter-item correlations were abnormally high (.71 to .99). Given that this restricts ability to identify weak items, participants who answered “never” to all items were dropped from this analysis.

This reduced sample provided greater variability among inter-item correlations, which ranged from -.28 to .89. Fourteen items were removed from analysis due to manifesting relationships that were too weak (i.e., < .30) or too strong (i.e., > .80). A list of these items can be found in Table B4.

**Factors.** The gold standard of scale construction is to conduct an exploratory factor analysis to identify underlying factors and reduce unnecessary items. However, given that the majority of the current sample was dropped from analyses, such an approach was not possible. Including all participants would have resulted in a unified factor in which all questions appeared identical. However, using only the minority of participants with score variability does not provide adequate sample size to identify underlying factors.

As such, the current study relies on the pre-created subscales (i.e., experiences prior to ideation, experiences during ideation, experiences following ideation, and in-vivo changes as a result of ideation). Summing the totals of these scales created four continuous variables. The internal reliability of these scales was high (all $\alpha = .99$). Additionally, a continuous total score
was computed using all remaining items (α = .99). Items associated with these factors can be found in Table B4. Although further data reduction was not possible, the validity of these factors was explored further.

**Convergent and Discriminate Validity**

It is necessary to demonstrate that NSSI ideation, as measured via the NIQ, is a variable independent from NSSI (i.e., discriminant validity) while also demonstrating that these variables relate to NSSI, given that the nomological network of the two variables should overlap. The first step of this was to compute Pearson correlations coefficients between NSSI variables from section two of the NIQ (i.e., having engaged in NSSI ideation, NSSI type count, ideation currency, NSSI thought intensity, urge to act on thoughts, length of NSSI ideation, age of onset for NSSI ideation, and thought consistency) and NSSI variables. Correlations ranged from -.06 to .70, which indicates that the constructs vary enough that discrimination between the two is possible (see Table B18). Individuals who have engaged in NSSI reported higher count of NSSI ideation types, \( r(326) = .44, p \leq .001 \). Additionally, individuals who reported current NSSI ideation were more likely to report engagement in NSSI, \( r(152) = .26, p \leq .001 \).

NSSI ideation engagement was positively correlated with increased frequency of engaging in NSSI behaviors, \( r(326) = .44, p \leq .001 \), and to engaging in more forms of NSSI, \( r(326) = .44, p \leq .001 \). Additionally, higher count of NSSI ideation types was related to frequency of NSSI, \( r(326) = .62, p \leq .001 \). Likewise, NSSI frequency related to ideation intensity, \( r(159) = .28, p \leq .001 \); length of time ideation had been present, \( r(157) = .43, p \leq .001 \); and ideation currency, \( r(150) = .41, p \leq .001 \).

Functions of NSSI were also related to ideation characteristics. Automatic functions were related to many aspects of ideation, including endorsing ideation, increased type count of
ideation, amount of time ideation has been endorsed, whether or not these thoughts are current, and consistency of these thoughts, with correlations ranging from .45 to .57. Social functions were only related significantly to type count of ideation $r(321) = .42, p < .001$.

Experiences of NSSI ideation (e.g., experiences before, during, and after, and in-vivo changes following ideation) from the third section of the NIQ were also compared with aspects of NSSI in order to assess convergent and discriminant validity. Of note, the four factors (i.e., experiences before, during, and after ideation, and in vivo changes as a result of ideation) demonstrated no differences from either each other or the total score in terms of relationships to these variables. As the ideation experiences did not vary, separate factor scores were not considered viable. Therefore, only the total score was used for further analyses. This total score demonstrated no significant relationships with any NSSI variables.

**Nomological Network**

The NIQ section two and section three scores were also compared to the predictor variables in order to further understand the nomological network associated with NSSI and NSSI ideation. See Tables B19 – B28.

Neither demographic variables nor pain tolerance were significantly related to ideation variables. However, NSSI ideation variables were related to several measures of abuse. Engaging in NSSI ideation was related to both expressed emotion, $r(326) = .33, p \leq .001$, and total score of abuse, $r(326) = .25, p \leq .001$. Similar relationships were found for NSSI ideation type count and expressed emotion, $r(326) = .40, p \leq .001$, and abuse total score, $r(326) = .33, p \leq .001$. Intensity of NSSI ideation related to verbal abuse, $r(326) = .19, p \leq .001$; expressed emotion, $r(326) = .38, p \leq .001$; and total abuse, $r(326) = .28, p \leq .001$. Consistency of these thoughts related to all forms of abuse, including invalidating environments, with the exception of
physical abuse and sexual abuse. Experiences of ideation were non-significant when correlated with NSSI ideation.

General distress level was correlated with multiple aspects of NSSI ideation, including engaging in NSSI ideation, NSSI type count, increased ideation intensity, and greater length of time since ideation onset (correlations ranging from .33 to .36).

In terms of externalizing difficulties, antisocial behavior related both to engaging in NSSI ideation, \( r(326) = .20, p \leq .001 \), and consistency of these thoughts, \( r(326) = .18, p \leq .001 \).

The relationships between basic personality traits and ideation were similar to NSSI. In terms of self-report, neuroticism was related to having engaged in NSSI ideation, \( r(326) = .24, p \leq .001 \), and thought consistency, \( r(326) = .20, p \leq .001 \). No other self-reported or informant reported traits related to NSSI ideation.

Difficulties regulating emotions were related to several ideation variables, including engaging in NSSI ideation, count of ideation type, intensity of the thoughts, and consistency of ideation (correlations ranging from .25 to .32).

In terms of other emotional variables, anger experiences demonstrated no significant relationships with ideation. However, shame-related variables were correlated with various aspects of ideation. PFQ-2 shame, but not TOSCA-3 shame, was related to both NSSI ideation engagement, \( r(326) = .20, p \leq .001 \), and consistency, \( r(326) = .19, p \leq .00 \). Guilt, as conceptualized by both the PFQ-2 and TOSCA-3, was unrelated to ideation in the current sample. Maladaptive coping skills were related to some aspects of ideation as well. Engaging in NSSI ideation was related to attacking oneself, attacking others, and withdrawing following shame (correlations ranging from .18 to .24). Type count was related only to attacking oneself,
Likewise, consistency was related to both attacking oneself, \( r(326) = .33, p \leq .001 \), and withdrawing, \( r(326) = .23, p \leq .001 \).

Notably, none of the impulsivity scales as measured via the UPPS-PU were significantly related to NSSI ideation variables.

**Incremental Validity**

Another goal of the current study was to determine whether measuring NSSI ideation provided incremental validity toward the prediction of NSSI and identification of protective and risk factors associated with NSSI.

In order to assess NSSI ideation as a predictor of NSSI behaviors, a hierarchal regression analysis was performed to predict NSSI frequency. As previously stated, NSSI frequency was significantly correlated with several predictor variables (e.g., verbal abuse, expressed emotion, total abuse score, global distress, antisocial behaviors, neuroticism, emotion dysregulation, attacking oneself in response to shame, and withdrawing in response to shame). These variables were included in a linear regression model to identify significant predictors of NSSI frequency. Of these, none of the included variables were significant predictors of NSSI frequency. Therefore, a separate regression analysis was run using ideation as a step one predictor. Ideation was a significant predictor, \( b = .28, p \leq .001 \), and accounted for nearly twenty percent of the variance, \( R^2 = .19, F(1, 326) = 76.46, p \leq .001 \).

Analyses to identify protective factors were calculated via comparing individuals who engage in NSSI ideation but do not self-harm to all individuals who do self-harm (i.e., with or without NSSI ideation). Specifically, a dummy coded variable was created in which individuals who think about NSSI but do not self-harm were coded “1” and self-harmers were coded “0.” This new variable was correlated with the predictor variables to determine whether significant
differences emerged within a population at risk for NSSI. See Table B29. However, none of the correlations were significant at the $p \leq .001$ level.
Table 5

*Intercorrelations Among Self-Harm Variables by Scale*

*Notes: * $p \leq .001$

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>How Often</th>
<th>Initial Age</th>
<th>Last Age</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DSHI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>.68*</td>
<td>.66*</td>
<td>-.05</td>
<td>0.14</td>
</tr>
<tr>
<td>Initial Age</td>
<td>-.28</td>
<td>-.17</td>
<td>.63*</td>
<td>0.11</td>
</tr>
<tr>
<td>Date of Last Act</td>
<td>.11</td>
<td>.22</td>
<td>.21</td>
<td>.46</td>
</tr>
<tr>
<td>Time</td>
<td>.35</td>
<td>.20</td>
<td>-.55*</td>
<td>.37</td>
</tr>
<tr>
<td><strong>ISAS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>.53*</td>
<td>.40*</td>
<td>-.07</td>
<td>.15</td>
</tr>
<tr>
<td>Initial Age</td>
<td>.00</td>
<td>.28</td>
<td>.76*</td>
<td>.21</td>
</tr>
<tr>
<td>Date of Last Act</td>
<td>.31</td>
<td>.29</td>
<td>.08</td>
<td>.83*</td>
</tr>
<tr>
<td>Automatic</td>
<td>.50*</td>
<td>.60*</td>
<td>.19</td>
<td>.20</td>
</tr>
<tr>
<td>Social</td>
<td>.28</td>
<td>.30</td>
<td>.04</td>
<td>.34</td>
</tr>
</tbody>
</table>
Table 6

*Pearson R Correlations Between NSSI and Demographic Variables*

*Notes:* *p* ≤ .001.

\(^a\) Represents Phi Coefficients between original, non-transformed dichotomous variables

<table>
<thead>
<tr>
<th></th>
<th>Self-harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.01</td>
<td>-.07</td>
<td>-.07</td>
<td>-.12</td>
</tr>
<tr>
<td>Male</td>
<td>-.12(^a)</td>
<td>-.10</td>
<td>-.09</td>
<td>-.17</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>-.10(^a)</td>
<td>-.10</td>
<td>-.10</td>
<td>-.16</td>
</tr>
<tr>
<td>Caucasian</td>
<td>.02(^a)</td>
<td>.01</td>
<td>.01</td>
<td>.01</td>
</tr>
<tr>
<td>SAT</td>
<td>-.02</td>
<td>.00</td>
<td>-.02</td>
<td>-.04</td>
</tr>
</tbody>
</table>
Table 7

*Pearson R Correlations Between NSSI and PSQ*

*Notes:* *p* ≤ .001.

<table>
<thead>
<tr>
<th>Pain Tolerance</th>
<th>Self-harer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>.01</td>
<td>-.01</td>
<td>-.02</td>
<td>-.20</td>
<td></td>
</tr>
</tbody>
</table>
Table 8

*Pearson R Correlations Between NSSI and Abuse Experiences*

*Notes: * $p \leq .001$.*

<table>
<thead>
<tr>
<th></th>
<th>Self-harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>.10</td>
<td>.11</td>
<td>.11</td>
<td>.16</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>.19*</td>
<td>.21*</td>
<td>.22*</td>
<td>.28</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>.11</td>
<td>.09</td>
<td>.07</td>
<td>.07</td>
</tr>
<tr>
<td>Expressed Emotion</td>
<td>.33*</td>
<td>.36*</td>
<td>.36*</td>
<td>.35</td>
</tr>
<tr>
<td>Total Abuse</td>
<td>.27*</td>
<td>.29*</td>
<td>.29*</td>
<td>.31</td>
</tr>
<tr>
<td>Invalidation (mother)</td>
<td>.12</td>
<td>.14</td>
<td>.15</td>
<td>.23</td>
</tr>
<tr>
<td>Invalidation (father)</td>
<td>.09</td>
<td>.15</td>
<td>.12</td>
<td>.17</td>
</tr>
<tr>
<td>Invalidation (family)</td>
<td>.07</td>
<td>.15</td>
<td>.14</td>
<td>.28</td>
</tr>
</tbody>
</table>
Table 9

Pearson R Correlations Between NSSI and BSI

Notes: * p ≤ .001.

<table>
<thead>
<tr>
<th></th>
<th>Self-harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Distress</td>
<td>.23*</td>
<td>.24*</td>
<td>.26*</td>
<td>.36*</td>
</tr>
</tbody>
</table>
Table 10

*Pearson R Correlations Between NSSI and Externalizing Behaviors*

*Notes: * \( p \leq .001 \).*

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Self-harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use</td>
<td>.02</td>
<td>.01</td>
<td>.01</td>
<td>.01</td>
</tr>
<tr>
<td>Antisocial</td>
<td>.14</td>
<td>.22*</td>
<td>.20*</td>
<td>.04</td>
</tr>
<tr>
<td>Risky Sex</td>
<td>.03</td>
<td>.01</td>
<td>-.01</td>
<td>.08</td>
</tr>
<tr>
<td>Gambling</td>
<td>-.06</td>
<td>-.02</td>
<td>-.03</td>
<td>-.12</td>
</tr>
</tbody>
</table>
Table 11

Pearson R Correlations Between NSSI and Self and Informant Personality Traits

Notes: * p ≤ .001.

<table>
<thead>
<tr>
<th></th>
<th>Self-harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroticism</td>
<td>.23*</td>
<td>.18*</td>
<td>.21*</td>
<td>.28</td>
</tr>
<tr>
<td>Extraversion</td>
<td>-.09</td>
<td>-.04</td>
<td>-.08</td>
<td>-.07</td>
</tr>
<tr>
<td>Openness</td>
<td>.15</td>
<td>.08</td>
<td>.10</td>
<td>-.07</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.03</td>
<td>-.02</td>
<td>-.02</td>
<td>.01</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>-.07</td>
<td>.01</td>
<td>.01</td>
<td>.09</td>
</tr>
<tr>
<td>Composite Neuroticism</td>
<td>.03</td>
<td>.02</td>
<td>.08</td>
<td>.25</td>
</tr>
<tr>
<td>Composite Extraversion</td>
<td>.02</td>
<td>.04</td>
<td>-.00</td>
<td>-.16</td>
</tr>
<tr>
<td>Composite Openness</td>
<td>.17</td>
<td>.17</td>
<td>.15</td>
<td>.04</td>
</tr>
<tr>
<td>Composite Agreeableness</td>
<td>-.06</td>
<td>-.03</td>
<td>-.02</td>
<td>-.12</td>
</tr>
<tr>
<td>Composite Conscientiousness</td>
<td>.07</td>
<td>.05</td>
<td>.06</td>
<td>-.05</td>
</tr>
<tr>
<td>Composite Lability</td>
<td>-.01</td>
<td>.07</td>
<td>.05</td>
<td>.40</td>
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</table>
Table 12

Pearson R Correlations Between NSSI and Emotion Regulation

Notes: * p ≤ .001.

<table>
<thead>
<tr>
<th>Emotion Dysregulation</th>
<th>Self-harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.19*</td>
<td>.21*</td>
<td>.23*</td>
<td>.25</td>
</tr>
</tbody>
</table>
Table 13

*Pearson R Correlations Between NSSI and STAXI-2*

*Notes: * $p \leq .001.$

<table>
<thead>
<tr>
<th></th>
<th>Self-harer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Out</td>
<td>.04</td>
<td>.10</td>
<td>.09</td>
<td>.21</td>
</tr>
<tr>
<td>Anger In</td>
<td>.19*</td>
<td>.16</td>
<td>.15</td>
<td>.20</td>
</tr>
<tr>
<td>Anger Control</td>
<td>-.02</td>
<td>-.05</td>
<td>-.05</td>
<td>-.19</td>
</tr>
<tr>
<td>Trait Anger</td>
<td>.14</td>
<td>.16</td>
<td>.15</td>
<td>.33</td>
</tr>
</tbody>
</table>
Table 14

*Pearson R Correlations Between NSSI and Shame Variables*

*Notes: * $p \leq .001$.

<table>
<thead>
<tr>
<th></th>
<th>Self-harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFQ-2 Shame</td>
<td>.18*</td>
<td>.14</td>
<td>.16</td>
<td>.15</td>
</tr>
<tr>
<td>PFQ-2 Guilt</td>
<td>.11</td>
<td>.09</td>
<td>.13</td>
<td>.15</td>
</tr>
<tr>
<td>Avoidance</td>
<td>.19*</td>
<td>.13</td>
<td>.11</td>
<td>-.07</td>
</tr>
<tr>
<td>Attacking Oneself</td>
<td>.25*</td>
<td>.26*</td>
<td>.27*</td>
<td>.44*</td>
</tr>
<tr>
<td>Withdrawing</td>
<td>.25*</td>
<td>.23*</td>
<td>.23*</td>
<td>.34</td>
</tr>
<tr>
<td>Attacking Others</td>
<td>.08</td>
<td>.06</td>
<td>.06</td>
<td>.25</td>
</tr>
<tr>
<td>TOSCA-3 Shame</td>
<td>.13</td>
<td>.10</td>
<td>.11</td>
<td>.18</td>
</tr>
<tr>
<td>TOSCA-3 Guilt</td>
<td>-.09</td>
<td>-.09</td>
<td>-.09</td>
<td>-.13</td>
</tr>
</tbody>
</table>
Table 15

*Pearson R Correlations Between NSSI and Impulsivity Variables*

*Notes: * $p \leq .001$.

<table>
<thead>
<tr>
<th></th>
<th>Self-harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Urgency</td>
<td>.04</td>
<td>.09</td>
<td>.09</td>
<td>.31</td>
</tr>
<tr>
<td>Lack of Premeditation</td>
<td>.01</td>
<td>.02</td>
<td>-.01</td>
<td>.00</td>
</tr>
<tr>
<td>Lack of Perseverance</td>
<td>.03</td>
<td>.02</td>
<td>.04</td>
<td>-.06</td>
</tr>
<tr>
<td>Sensation Seeking</td>
<td>.01</td>
<td>.07</td>
<td>.03</td>
<td>.08</td>
</tr>
<tr>
<td>Positive Urgency</td>
<td>-.03</td>
<td>.03</td>
<td>.04</td>
<td>.11</td>
</tr>
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</table>
### Table 16

*Intercorrelations Among Ideation Variables*

*Notes: * $p < .001.$

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Type Count</td>
<td>.50*</td>
<td>.63*</td>
<td>.14</td>
<td>.26*</td>
<td>.25*</td>
<td>.84*</td>
<td>.18</td>
</tr>
<tr>
<td>2. Intensity</td>
<td>----</td>
<td>.61*</td>
<td>.09</td>
<td>.35*</td>
<td>.06</td>
<td>.38*</td>
<td>.01</td>
</tr>
<tr>
<td>3. Length</td>
<td>----</td>
<td>.09</td>
<td>.38*</td>
<td>.16</td>
<td>.48*</td>
<td>-.09</td>
<td>----</td>
</tr>
<tr>
<td>4. Strength</td>
<td>----</td>
<td>-.11</td>
<td>.08</td>
<td>.10</td>
<td>-.04</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>5. Age</td>
<td>----</td>
<td>.12</td>
<td>.20</td>
<td>-.19</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>6. Currency</td>
<td>----</td>
<td>.53*</td>
<td>.30</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>7. Consistency</td>
<td>----</td>
<td>----</td>
<td>.16</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>8. Experiences</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
</tbody>
</table>
Table 17

*Phi Correlations Between Type of NSSI and Ideation*

*Notes: * $p \leq .001.$

<table>
<thead>
<tr>
<th>Type</th>
<th>Phi Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting</td>
<td>.47*</td>
</tr>
<tr>
<td>Burning</td>
<td>.35*</td>
</tr>
<tr>
<td>Carving into skin</td>
<td>.49*</td>
</tr>
<tr>
<td>Scratching oneself</td>
<td>.49*</td>
</tr>
<tr>
<td>Biting oneself</td>
<td>.51*</td>
</tr>
<tr>
<td>Rubbing skin with something rough</td>
<td>-.01</td>
</tr>
<tr>
<td>Putting caustic substance on skin</td>
<td>---</td>
</tr>
<tr>
<td>Sticking oneself with something sharp</td>
<td>.53*</td>
</tr>
<tr>
<td>Breaking a bone</td>
<td>---</td>
</tr>
<tr>
<td>Hitting</td>
<td>.56*</td>
</tr>
<tr>
<td>Preventing wound healing</td>
<td>.42*</td>
</tr>
<tr>
<td>Pinching</td>
<td>.51*</td>
</tr>
<tr>
<td>Pulling hair</td>
<td>.62*</td>
</tr>
<tr>
<td>Swallowing harmful substances</td>
<td>.14</td>
</tr>
<tr>
<td>Choking</td>
<td>---</td>
</tr>
</tbody>
</table>
Table 18

Correlations Among NSSI and NIQ variables

Notes: * p ≤ .001.

a Represents Phi Coefficients between original, non-transformed dichotomous variables

<table>
<thead>
<tr>
<th></th>
<th>Self-Harmer</th>
<th>Frequency</th>
<th>Type Count</th>
<th>How Often</th>
<th>Automatic Functions</th>
<th>Social Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideation</td>
<td>.50*a</td>
<td>.44*</td>
<td>.44*</td>
<td>.27</td>
<td>.45*</td>
<td>.24</td>
</tr>
<tr>
<td>Type Count</td>
<td>.44*</td>
<td>.64*</td>
<td>.62*</td>
<td>.62*</td>
<td>.56*</td>
<td>.42*</td>
</tr>
<tr>
<td>Intensity</td>
<td>.17</td>
<td>.28*</td>
<td>.26*</td>
<td>.57*</td>
<td>.37</td>
<td>.17</td>
</tr>
<tr>
<td>Length</td>
<td>.33*</td>
<td>.43*</td>
<td>.41*</td>
<td>.57*</td>
<td>.57*</td>
<td>.27</td>
</tr>
<tr>
<td>Strength</td>
<td>-.06</td>
<td>.01</td>
<td>.04</td>
<td>.17</td>
<td>.27</td>
<td>.17</td>
</tr>
<tr>
<td>Age</td>
<td>.01</td>
<td>.17</td>
<td>.09</td>
<td>.28</td>
<td>.19</td>
<td>.01</td>
</tr>
<tr>
<td>Currency</td>
<td>.46*a</td>
<td>.41*</td>
<td>.41*</td>
<td>.30</td>
<td>.48*</td>
<td>.24</td>
</tr>
<tr>
<td>Consistency</td>
<td>.44*</td>
<td>.70*</td>
<td>.66*</td>
<td>.55*</td>
<td>.52*</td>
<td>.34</td>
</tr>
<tr>
<td>Experiences</td>
<td>.06</td>
<td>.09</td>
<td>.11</td>
<td>.30</td>
<td>.20</td>
<td>.41</td>
</tr>
</tbody>
</table>
Table 19

*Pearson R Correlations Between NIQ and Demographic Variables*

_Notes:_ *p* ≤ .001.

*a* Represents Phi Coefficients between original, non-transformed dichotomous variables

<table>
<thead>
<tr>
<th></th>
<th>Ideation</th>
<th>Type Count</th>
<th>Intensity</th>
<th>Consistency</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.07</td>
<td>-.10</td>
<td>.06</td>
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<td>-.03</td>
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<tr>
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<td>-.17</td>
<td>-.06</td>
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<tr>
<td>Caucasian</td>
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<td>.00</td>
<td>.05</td>
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<tr>
<td>SAT</td>
<td>.06</td>
<td>.13</td>
<td>.16</td>
<td>.05</td>
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</tbody>
</table>
Table 20

*Pearson R Correlations Between NIQ and PSQ*

*Notes: * $p \leq .001$.

<table>
<thead>
<tr>
<th></th>
<th>Ideation</th>
<th>Type Count</th>
<th>Intensity</th>
<th>Consistency</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Tolerance</td>
<td>-.05</td>
<td>-.13</td>
<td>-.17</td>
<td>-.09</td>
<td>-.05</td>
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</table>
Table 21

*Pearson R Correlations Between NIQ and Abuse Experiences*

*Notes: * $p \leq .001$.

<table>
<thead>
<tr>
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<th>Ideation</th>
<th>Type Count</th>
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<th>Experiences</th>
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<td>.18</td>
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<td>Sexual Abuse</td>
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<td>.11</td>
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<td>.01</td>
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<tr>
<td>Emotional Abuse</td>
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<td>.40*</td>
<td>.27*</td>
<td>.38*</td>
<td>.16</td>
</tr>
<tr>
<td>Total Abuse</td>
<td>.25*</td>
<td>.33*</td>
<td>.30*</td>
<td>.28*</td>
<td>.06</td>
</tr>
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<td>Invalidation (mother)</td>
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<td>.23</td>
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<td>Invalidation (father)</td>
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<td>.22</td>
<td>.08</td>
<td>.20*</td>
<td>.07</td>
</tr>
<tr>
<td>Invalidation (family)</td>
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<td>.25</td>
<td>.20</td>
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Table 22

Pearson R Correlations Between NIQ and BSI

Notes: * $p \leq .001$.

<table>
<thead>
<tr>
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<th>Intensity</th>
<th>Consistency</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.32*</td>
<td>.36*</td>
<td>.36*</td>
<td>.33*</td>
<td>.34</td>
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Table 23

*Pearson R Correlations Between NIQ and Externalizing Behaviors*

*Notes:* *p* ≤ .001.

<table>
<thead>
<tr>
<th></th>
<th>Ideation</th>
<th>Type Count</th>
<th>Intensity</th>
<th>Consistency</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use</td>
<td>.01</td>
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<td>-.07</td>
<td>.02</td>
<td>-.17</td>
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<tr>
<td>Antisocial</td>
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<td>.09</td>
<td>-.05</td>
<td>.18*</td>
<td>.07</td>
</tr>
<tr>
<td>Risky Sex</td>
<td>-.02</td>
<td>.01</td>
<td>.07</td>
<td>-.02</td>
<td>-.16</td>
</tr>
<tr>
<td>Gambling</td>
<td>.00</td>
<td>-.03</td>
<td>-.04</td>
<td>.03</td>
<td>-.19</td>
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</tbody>
</table>
Table 24

**Pearson R Correlations Between NIQ and Self and Informant Personality Traits**

*Notes: * $p \leq .001$. 

<table>
<thead>
<tr>
<th></th>
<th>Ideation</th>
<th>Type Count</th>
<th>Intensity</th>
<th>Consistency</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.24*</td>
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<td>.21</td>
<td>.20*</td>
<td>.36</td>
</tr>
<tr>
<td>Extraversion</td>
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<td>-.10</td>
<td>-.16</td>
<td>-.08</td>
<td>.06</td>
</tr>
<tr>
<td>Openness</td>
<td>.16</td>
<td>.09</td>
<td>-.06</td>
<td>.14</td>
<td>.01</td>
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<tr>
<td>Agreeableness</td>
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<td>.02</td>
<td>-.02</td>
<td>-.01</td>
<td>-.10</td>
</tr>
<tr>
<td>Conscientiousness</td>
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<td>.01</td>
<td>.06</td>
<td>.02</td>
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<td>Composite Neuroticism</td>
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<td>Composite Extraversion</td>
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<td>-.25</td>
<td>-.11</td>
<td>-.24</td>
</tr>
<tr>
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<td>-.30</td>
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<td>Composite Agreeableness</td>
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<td>-.02</td>
<td>-.22</td>
<td>-.01</td>
<td>-.20</td>
</tr>
<tr>
<td>Composite</td>
<td>-.01</td>
<td>.02</td>
<td>-.13</td>
<td>.03</td>
<td>-.05</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comp. Lability</td>
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<td>.10</td>
<td>.15</td>
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Table 25

Pearson R Correlations Between NIQ and Emotion Regulation

Notes: * $p \leq .001$. 

<table>
<thead>
<tr>
<th>Emotion Dysregulation</th>
<th>Ideation</th>
<th>Type Count</th>
<th>Intensity</th>
<th>Consistency</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.25*</td>
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<td>.32*</td>
<td>.29*</td>
<td>.15</td>
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</table>
Table 26

Pearson R Correlations Between NIQ and STAXI-2

Notes: * $p \leq .001$.

<table>
<thead>
<tr>
<th></th>
<th>Ideation</th>
<th>Type Count</th>
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<th>Consistency</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Out</td>
<td>.07</td>
<td>.16</td>
<td>.18</td>
<td>.12</td>
<td>.08</td>
</tr>
<tr>
<td>Anger In</td>
<td>.10</td>
<td>.14</td>
<td>.07</td>
<td>.13</td>
<td>-.14</td>
</tr>
<tr>
<td>Anger Control</td>
<td>-.12</td>
<td>-.02</td>
<td>-.12</td>
<td>-.06</td>
<td>-.05</td>
</tr>
<tr>
<td>Trait Anger</td>
<td>.17</td>
<td>.20</td>
<td>.14</td>
<td>.21</td>
<td>.21</td>
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</tbody>
</table>
Table 27

*Pearson R Correlations Between NIQ and Shame Variables*

*Notes: * $p \leq .001.$

<table>
<thead>
<tr>
<th></th>
<th>Ideation</th>
<th>Type Count</th>
<th>Intensity</th>
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<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFQ-2 Shame</td>
<td>.20*</td>
<td>.12</td>
<td>.19</td>
<td>.19*</td>
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</tr>
<tr>
<td>PFQ-2 Guilt</td>
<td>.15</td>
<td>.11</td>
<td>.16</td>
<td>.11</td>
<td>.19</td>
</tr>
<tr>
<td>TOSCA-3 Shame</td>
<td>.13</td>
<td>.08</td>
<td>.02</td>
<td>.13</td>
<td>.21</td>
</tr>
<tr>
<td>TOSCA-3 Guilt</td>
<td>-.03</td>
<td>.07</td>
<td>-.00</td>
<td>.07</td>
<td>-.09</td>
</tr>
<tr>
<td>Avoidance</td>
<td>.14</td>
<td>-.00</td>
<td>-.08</td>
<td>.07</td>
<td>-.01</td>
</tr>
<tr>
<td>Attacking Oneself</td>
<td>.23*</td>
<td>.30*</td>
<td>.23</td>
<td>.33*</td>
<td>.21</td>
</tr>
<tr>
<td>Attacking Others</td>
<td>.18*</td>
<td>.05</td>
<td>.13</td>
<td>.09</td>
<td>.12</td>
</tr>
<tr>
<td>Withdrawing</td>
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<td>.21</td>
<td>.22</td>
<td>.23*</td>
<td>.20</td>
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Table 28

Pearson R Correlations Between NIQ and Impulsivity Variables

Notes: * $p \leq .001$.

<table>
<thead>
<tr>
<th></th>
<th>Ideation</th>
<th>Type Count</th>
<th>Intensity</th>
<th>Consistency</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Urgency</td>
<td>.09</td>
<td>.05</td>
<td>.09</td>
<td>.09</td>
<td>.05</td>
</tr>
<tr>
<td>Lack of Premeditation</td>
<td>.03</td>
<td>.00</td>
<td>.01</td>
<td>-.01</td>
<td>.01</td>
</tr>
<tr>
<td>Lack of Perseverance</td>
<td>.08</td>
<td>-.01</td>
<td>-.02</td>
<td>.00</td>
<td>.07</td>
</tr>
<tr>
<td>Sensation Seeking</td>
<td>.03</td>
<td>.04</td>
<td>-.07</td>
<td>.08</td>
<td>-.15</td>
</tr>
<tr>
<td>Positive Urgency</td>
<td>.07</td>
<td>.04</td>
<td>.12</td>
<td>.04</td>
<td>.16</td>
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</tbody>
</table>
Table 29

**Pearson Correlations Between Predictor Variables and NSSI Ideation (Without Self-Harm) Versus Self-Harmers**

*Notes:* *p* ≤ .001.

*a* Represents Phi Coefficients between original, non-transformed dichotomous variables

<table>
<thead>
<tr>
<th>Predictor Variable</th>
<th>Pearson R</th>
<th>Predictor Variable</th>
<th>Pearson R</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>.15a</td>
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<td>.07</td>
</tr>
<tr>
<td>Caucasian</td>
<td>.02a</td>
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<td>-.00</td>
</tr>
<tr>
<td>Age</td>
<td>.08</td>
<td>Informant Openness</td>
<td>-.09</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>.09a</td>
<td>Informant Agreeableness</td>
<td>.04</td>
</tr>
<tr>
<td>SAT</td>
<td>.05</td>
<td>Informant Conscientiousness</td>
<td>-.14</td>
</tr>
<tr>
<td>Pain Sensitivity</td>
<td>-.05</td>
<td>Informant Lability</td>
<td>.04</td>
</tr>
<tr>
<td>Physical Abuse</td>
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<td>Emotion Dysregulation</td>
<td>-.09</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>-.20</td>
<td>Trait Anger</td>
<td>-.10</td>
</tr>
<tr>
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<td>Anger Out</td>
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</tr>
<tr>
<td>Expressed Emotion</td>
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<td>Anger In</td>
<td>-.21</td>
</tr>
<tr>
<td>Total Abuse</td>
<td>-.21</td>
<td>Anger Control</td>
<td>-.09</td>
</tr>
<tr>
<td>Invalidation (mother)</td>
<td>-.11</td>
<td>TOSCA-3 Shame</td>
<td>-.08</td>
</tr>
<tr>
<td>Invalidation (father)</td>
<td>-.02</td>
<td>TOSCA-3 Guilt</td>
<td>-.19</td>
</tr>
<tr>
<td>Invalidation (family)</td>
<td>-.04</td>
<td>PFQ-2 Shame</td>
<td>-.06</td>
</tr>
<tr>
<td>General Distress</td>
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<td>PFQ-2 Guilt</td>
<td>-.02</td>
</tr>
<tr>
<td>Substance Use</td>
<td>-.03</td>
<td>Avoidance (shame)</td>
<td>-.22</td>
</tr>
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<td>Antisocial Behaviors</td>
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<td>Attacking Oneself (shame)</td>
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</tr>
<tr>
<td>----------------------</td>
<td>-----</td>
<td>----------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Risky Sex</td>
<td>-.08</td>
<td>Withdrawal (shame)</td>
<td>-.20</td>
</tr>
<tr>
<td>Gambling</td>
<td>.10</td>
<td>Attacking Another (shame)</td>
<td>.04</td>
</tr>
<tr>
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<td>.03</td>
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<tr>
<td>Self-Reported Openness</td>
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<td>Lack of Perseverance</td>
<td>.05</td>
</tr>
<tr>
<td>Self-Reported Agreeableness</td>
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<td>Sensation Seeking</td>
<td>-.01</td>
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<tr>
<td>Self-Reported Conscientiousness</td>
<td>-.01</td>
<td>Positive Urgency</td>
<td>.12</td>
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</tbody>
</table>
CHAPTER 7

MAIN STUDY: DISCUSSION

Overall, the current project provides several advances for NSSI research. The primary goal of the study was to validate a new measure of NSSI ideation and to further investigate variables related to both NSSI and NSSI ideation.

NIQ Preparation

As is consistent with scale construction, it was necessary to determine the relevance and strength of the new items added to the NIQ following the initial pilot study (i.e., experiences associated with self-harm ideation). Unfortunately, the nature of NSSI ideation and its low prevalence proved to be a major limitation in the current study. The frequent endorsement that these thoughts never occur prevented use of the entire sample to identify weak items. Limiting the sample to those who engage in NSSI ideation repetitively enabled the identification and culling of several weak items (i.e., correlating too high or too low). However, this prevented factor analyzing responses within the current study. As such, other weak items could not be identified. Likewise, differences in types of ideation, question assessment, and underlying factors could not be identified. As factor-derived subscales were unavailable, scores were computed based on the \textit{a priori} structure of the NIQ and the total sum of these items. In addition to experience scores, the NIQ provided several prevalence and frequency-based items that could be included in the analyses without undergoing factor analysis.
Reliability

The factors that were created for the NIQ were all internally consistent, suggesting that participants were all answering these items in a similar manner. This is unsurprising given that weak, uncorrelated items were removed from analyses. Future research will be required to assess how a separate sample reports on these items to determine whether internal consistency remains adequate across sample.

The current sample's difficulty in answering one aspect of the NIQ (i.e., thought duration), resulted in highly unreliable and inconsistent answers. Given the range of such responses, this item was dropped from analyses. Therefore, this item should be modified or removed permanently prior to future NIQ use.

Convergent and Discriminate Validity

The first step in establishing NIQ validity was to determine that NSSI ideation was an independent but related construct to NSSI variables (i.e., discriminant and convergent validity, respectively). The NIQ manifested a wide range of correlations, suggesting that these two constructs are related in many domains, but no correlations were as high as to suggest that NSSI and NSSI ideation are identical constructs.

Specific to these constructs, it was hypothesized that NSSI behaviors and NSSI ideation would be correlated, which was consistent with the current sample. Likewise, endorsing specific types of NSSI behaviors and ideation (e.g., engaging in cutting and thinking about cutting oneself) were expected to be related. This was supported for most types of NSSI. It is possible that these findings were not held for some NSSI types because of limited endorsement of these items.
It was hypothesized that NSSI ideation would be related to endorsement of NSSI automatic functions, suggesting that individuals who utilize self-harm for intrapersonal reasons would be most likely to think about self-harm, a largely internal experience. This hypothesis was recognized in the current sample. Many of the questions regarding NSSI experience also reflected in-vivo experiences related to ideation of self-harm. Therefore, the significant findings indicate that those who experience in-vivo changes are more likely to endorse automatic functions, which is consistent given that altering emotional and physiological experiences is the goal of automatic functions. Additionally, this supports previous findings that thinking about bodily harm directly affects physiological arousal (e.g., Welch et al., 2008). Last, it was originally hypothesized that individual NSSI ideation factors would relate to NSSI function. However, because these individual factors were unidentifiable, further relationships with functions of self-harm could not be investigated.

The NIQ experience questions assessed the events an individual endorses surrounding NSSI ideation episodes, including those before, during, and after ideation, as well as in-vivo changes. These scales did not differ in relationship to other variables, demonstrating poor discriminant validity amongst themselves. It is likely that either these items comprise alternative underlying factors that have not yet been identified or that a total score, rather than subscales, is more appropriate.

**Content Validity: Nomological Network Overlap Amongst NSSI and NSSI Ideation**

Understanding the nomological network of NSSI outcome variables was a primary step toward defining NSSI ideation and validating the NIQ. This was achieved through comparing the nomological network between NSSI and predictor variables with that of NSSI ideation and
the same predictors. Further comparisons were made between NSSI ideation without self-harm and self-harmers.

Some variables that were expected to relate to NSSI variables were found to be unrelated, such as pain tolerance. It was hypothesized that individuals who engage in self-harm experience pain differently than non-self-harmers commensurate with past findings that many self-harmers deny experiencing pain during self-harm. However, in the current sample, pain tolerance was unrelated to NSSI both when comparing self-harmers to non-self-harmers and when comparing those who engage in ideation without self-harm to self-harmers. This could indicate that reduced pain during NSSI, as found by past studies, is caused by a separate mechanism from pain tolerance. For instance, Gratz and colleagues (2011) found that interpersonal distress moderated the relationship between pain tolerance and self-harm, such that heightened pain tolerance was only reported when participants reported interpersonal distress. Additionally, recent findings suggested that neural networks associated with physical pain are the same networks associated with the emotional pain of social rejection (see Kross, Berman, Mischel, Smith, & Wagner, 2010). Given that individuals at risk for NSSI are more likely to endorse difficulties with shame and emotional difficulties related to social situations, it is possible the interpersonal nature of their distress and the commensurate neural activation play a role in altered pain perception during NSSI. Of note, it is also possible that pain tolerance, which was measured by the PSQ, was not a valid variable since this measure has not been previously validated in English-speaking samples. This possibility is further discussed below in the limitations section.

Other predictor variables yielded mixed results. The externalizing variables measured in the current study were mostly non-significant in relationship to NSSI. Of particular interest is the fact that substance use was not related to NSSI or NSSI ideation for any of the comparisons,
in contrast to previous research suggesting the relevance of this relationship. This may be due to the current sample, which comprised college undergraduates. It is possible that substance use patterns in this sample are different for these individuals (e.g., more commonplace) and less predictive of negative or aberrant outcomes. However, previous findings with undergraduate samples have replicated the expected finding (i.e., positive relationship between NSSI and substance use; MacLaren & Best, 2010), indicating that sample abnormalities may reflect only the current sample rather than all undergraduate self-harmers. The only externalizing variable found to relate in the current sample was antisocial behavior, which was higher in self-harmers compared to non-self-harmers and those who think about self-harm versus those who do not, indicating that antisocial behavior is an important marker for NSSI. It is possible that general levels of distress underlie both NSSI variables and propensity to engage in antisocial acts. Additionally, past findings have indicated a link between BPD and Antisocial Personality Disorder (ASPD), specifically that both disorders share an element of externalizing behaviors (see Beauchaine, Klein, Crowell, Derbridge, & Gatzke-Kopp, 2009; Caton et al., 2011). As such, individuals who are likely higher risk for NSSI may also be more likely to engage in antisocial acts.

It was hypothesized that past abuse experiences would be an important variable in relationship to NSSI outcomes. The current results replicate past findings that abuse relates to NSSI engagement. However, previous findings regarding invalidating environments was unsupported in the current sample. It was hypothesized that emotional abuse and invalidating environments would also be relevant to NSSI ideation. These expectations were partially supported. Verbal abuse, expressed emotion, and total abuse score were all also related to NSSI
ideation. Also, consistency of ideation was related to all forms of invalidating environments as measured in the current study.

Hypotheses for general level of distress were well-supported by the current findings, which also replicated past research in that NSSI was positively related to overall level of psychological distress. As expected, distress level also related to NSSI ideation. The directionality of the NSSI and distress relationship is difficult to define. It is possible that individuals engage in NSSI as a result of increased distress in attempt to manage symptoms. Likewise, it is possible that this is a reciprocal relationship that reflects the general distress caused by engaging in self-harm (i.e., self-harming increases distress). Future research could tease apart this relationship via a longitudinal design to see whether increasing distress relates to self-harm initiation or vice versa, especially given that NSSI ideation likely further complicates this process.

Personality trait findings were mixed in regards to NSSI variables. Self-report findings were significant for higher levels of neuroticism in those who reported higher NSSI as well as in those with higher levels of NSSI ideation, which was consistent with hypotheses. However, informant reports of personality did not replicate these findings. Additionally, no findings were significant for informant reported lability and self-harm or ideation variables. Additionally, endorsement of social functions of NSSI was not related to informant antagonism. Of note, this may be due to the internal consistency of these scores, which was at times below the typically accepted cut-off point.

Negative emotion experiences were also hypothesized to be important variables of interest. Anger has previously demonstrated relevance to self-harm, and past literature has hypothesized that anger at oneself may increase risk of NSSI. However, the current findings did
not support these previous results. Externalizing and internalizing patterns of anger experience were not significant with any variables of interest. It is possible that the type of anger experienced by self-harmers was not adequately measured in the current sample. For instance, if self-harmers endorse increased anger at oneself, measuring broad ways of experiencing anger may not reflect the variable of interest.

Similarly, shame was found to relate to NSSI variables of interest. These findings were mixed, in that shame only related to NSSI engagement variables dependent upon the measure used (i.e., the PFQ-2 versus the TOSCA-3). This discrepancy may be due to the discrepancies in the measures (see limitations below). Of note, no significant relationships were found for guilt in either measure, indicating that shame may be more relevant to self-harm. This may reflect core differences between guilt and shame. For instance, previous research has found that shame is more likely to be related to negative outcomes, such as depression, than is guilt (see Orth, Berking, & Burkhardt, 2006 for review and extension of such findings). This distinction may be due to the public, social nature of shame versus the internal experience of guilt (i.e., experiencing guilt is related to personal expectations and can be more easily regulated than shame, which reflect social expectations and involves punishment). In this sense, it is reasonable that shame would be thought to relate to NSSI more reliably as NSSI is often associated with punishment and beliefs of inferiority.

Equally important to experiencing shame and guilt is the ability to cope with these emotions. NSSI engagement was related to multiple maladaptive coping mechanisms associated with shame attacking oneself, avoiding situations, and withdrawing). All of these aforementioned coping mechanisms and an additional one, attacking others, were positively related to thinking about NSSI.
Regulating negative emotions also appeared to be an important variable of interest for NSSI constructs. Emotion dysregulation was related not only to NSSI engagement, frequency, and type could was also higher in those who think about self-harm. This pattern was consistent across several ideation variables. As such, emotion dysregulation appears to be a consistent variable of interest and a discriminating factor between NSSI ideation and engagement.

The last construct hypothesized to relate to NSSI outcomes was impulsivity. The current study included a multi-faceted measure of impulsivity, which was a strength in terms of conceptualizing the complex relationships between impulsivity and NSSI outcomes. Interestingly, no facets of impulsivity were related to NSSI behaviors or NSSI ideation. This was surprising that negative urgency was unrelated to both NSSI behaviors and ideation. It is possible that a sense of urgency was not captured in the current study given self-report. Additionally, given that the current sample is a college sample, impulsivity may be a less relevant variable than perhaps would manifest in clinical samples.

**Incremental Validity**

Another crucial goal of the current study was to determine the incremental validity of NSSI ideation as measured by the NIQ. That is, it was necessary to demonstrate that the NIQ provides value in terms of understanding relevant variables of NSSI and NSSI ideation.

**Improved assessment of self-harm.** The NIQ section one self-harm checklist provided a well-rounded assessment of NSSI behaviors. The NIQ identified all individuals who identified engaging in maladaptive behavior as a means to harming themselves. Therefore, the NIQ self-harm types appear to be valuable additions to NSSI research.

**Prediction of NSSI.** Another meaningful utility of NSSI ideation would be to better predict negative outcomes, such as frequency of engaging in NSSI behaviors. Understanding
such predictors helps inform prevention and intervention approaches to reduce maladaptive behaviors. Of the predictor variables included in the current study, none were found to significantly predict NSSI frequency. However, when included as a separate predictor, NSSI ideation was significant in predicting behaviors. Additionally, NSSI ideation accounted for nearly twenty percent of the variance, emphasizing that NSSI ideation remains an essential variable of interest when considering NSSI frequency. Although not all of the NIQ variables (e.g., type count and frequency) were investigated in this capacity, it stands to reason that various aspects of NSSI ideation will continue to account for unexplained NSSI variance.

**Risk and protective factors.** NSSI ideation provides another meaningful advantage in that it allows identification of factors linked to increased risk for or protection against engaging in NSSI. For instance, given that NSSI ideation is linked to increased self-harm, it is feasible to suggest that those who think about self-harm are an at-risk population to initiate engaging in NSSI. However, not all individuals who think about NSSI engage in these acts. Therefore, finding differences on predictor variables between those who think about self-harm without engaging in these behaviors compared with individuals who do self-harm provides insight into increased NSSI risk. However, when these were investigated in the current sample, none reached significance at the $p \leq .001$ level. Of note, several variables approached significance, indicating they may warrant further investigation in another sample: experiencing verbal abuse, high levels of expressed emotion, or total abuse, coping with shame through avoidance, withdrawing, or anger at oneself. One of the most interesting findings regarding protective factors was non-significant. Those who evince NSSI ideation and self-harmers reported no differences in terms of pain sensitivity, indicating that pain experience or fear of pain provides no buffer against engaging in the current sample.
Limitations

Several limitations should be noted in the current study. All of the data of the project were cross-sectional in nature, which restricted determination of time-relevant and causal relationships. Findings were also limited by prevalence of the behaviors studied. Although the focus of the current project was to validate a new measure of NSSI ideation, such thoughts are not widely reported. As such, range of these items was severely restricted, as was sample size. This prevented using the most conservative analytic techniques for scale validation (e.g., factor analysis). Additionally, a large number of variables were included in the current study. As such, the overall sample size prevented investigating all possible combinations of the included variables.

Some of the reported findings may be a product of the current sample. For instance, the null finding between substance use and NSSI outcomes may be related to high prevalence of substance use in undergraduate settings. Therefore, null findings should be interpreted with caution, particularly where they conflict with past research. Additionally, the sample was restricted in regards to diversity (e.g., primary Caucasian, heterosexual), which may have limited findings in regards to how these relationships operate within different groups.

Limitations of the predictor variable scales may also explain some of the null findings in the current study. Pain sensitivity demonstrated no significant relationships to the outcome variables of interest. This may be due to the validity of the measure; the PSQ has not yet been validated in English-speaking samples. Therefore, the lack of significant findings should be interpreted with caution. Likewise, the low internal reliability of the informant reports may have limited the likelihood of obtaining significant findings amongst informant personality reports and NSSI outcomes. Additionally, the conflicting findings amongst shame and NSSI engagement
may be due to the validity of the measures used. Specifically, the TOSCA-3 has demonstrated poor discriminant validity specifically regarding the shame and guilt subscales in clinical samples (Rüsch et al., 2007). Although the current sample consisted of community undergraduates, the clinical nature of the outcome variables may have limited the ability to differentiate guilt and shame as measured by the TOSCA-3 in relationship to NSSI.

**Significance and Implications**

The current study provides several meaningful implications for NSSI research. Regarding NSSI engagement, some previous findings were replicated while others were not. These discrepancies support the complexity of NSSI behaviors and the importance of understanding other important variables of interest. Additionally, some findings in the current study stress the importance of considering the variability of NSSI behaviors. For instance, in the current sample, gender shared no significant relationship to NSSI, suggesting these behaviors are equally prevalent between men and women.

Current findings also emphasize the important role that emotion regulation plays in self-harm. This is further emphasized through the consistent relationships between coping with shame and NSSI variables. Of note, previous research found that self-harm was associated with higher negative emotions and no differences on coping mechanisms (Brown, Williams, & Collins, 2007), which may indicate that some coping skills may be more impactful than others in relation to NSSI. Identifying the most salient coping skills will enable better prevention and intervention to decrease NSSI behaviors.

Over the course of the current project, there has been substantial progress toward a new measure of NSSI ideation. Through this validation process, the current findings have reaffirmed that NSSI ideation is a separate construct from NSSI engagement. Likewise, the mixed
relationships amongst NSSI ideation and engagement variables, as well as among NSSI ideation and the predictor variables, suggested that NSSI ideation is a construct in need of further investigation.

Perhaps the most significant implications of the current study relate to the incremental validity of NSSI ideation. Findings from the current study suggest that NSSI ideation is an important predictor of NSSI engagement and that such thoughts contribute to part of the variance associated with self-harm. These findings emphasize the importance of measuring NSSI ideation (i.e., in part to predict NSSI). Additionally, such findings stress the importance of preventing NSSI ideation from escalating to self-harm.

**Future Directions**

The current findings provide several exciting new directions for NSSI research. Given the cross-sectional nature of the current study, longitudinal questions were not considered. Should future research utilize a longitudinal design, questions regarding causality could be investigated. For instance, how does distress level relate to ideation and self-harm? Likewise, is the relationship between NSSI engagement frequency and NSSI ideation frequency linear (i.e., thinking about these behaviors is directly related to acting on them) or reciprocal over time (i.e., each influences the other)?

Additionally, the NIQ would benefit from additional research. First, replication with a larger sample size would allow factor analysis of the NIQ’s experience items. Second, further research would benefit from including a later re-administration of the NIQ to determine test-retest reliability. Third, another validation study would assist in further exploring how different NSSI ideation variables each predict NSSI (e.g., does frequency of NSSI ideation account for more variance of NSSI frequency than NSSI ideation alone?).
Attempts to identify risks and protective factors differentiating ideation and NSSI were non-significant. Therefore, it is important that the variables approaching significant (e.g., abuse and shame coping variables), be further studied in another sample to determine if they are able to discriminate between those who think about and those who engage in self-harm.
REFERENCES


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Doi:10.1016/j.jad.2011.03.021


Doi:10.1017/S0033291710001662


APPENDIX

Pilot Study Questionnaire

1. Do you sometimes think about (or imagine) harming yourself, without intent to die, even when you are not harming yourself?

2. When you have thoughts (or images) about harming-yourself, without intending to die, would you describe them as (circle all that apply):
   a. Specific to how you’d harm yourself (for example, using a knife)
   b. General thoughts about wanting to harm yourself without specific examples
   c. Both A and C, depending on the situation

3. Please use the space below to describe thoughts (or images) about harming yourself, without intending to die.

4. When you think of harming yourself, do you imagine how you will feel after self-harm? Describe these thoughts.

5. When you think of harming yourself, do you imagine how others will react after you self-harm? Describe these thoughts.

6. When you think about harming yourself, do you notice differences in how intense these thoughts (or images) are or how long they last?

7. Are your urges to self-harm related to thoughts or images of harming yourself? Please describe these.

8. Please describe your overall experience with thoughts (or images) about harming yourself.
DSHI

This questionnaire asks about a number of different things that people sometimes do to hurt themselves. Please be sure to read each question carefully and respond honestly. Often, people who do these kinds of things to themselves keep it a secret, for a variety of reasons. However, honest responses to these questions will provide us with greater understanding and knowledge about these behaviors and the best way to help people. Please answer yes to a question only if you did the behavior intentionally, or on purpose, to hurt yourself. Do not respond yes if you did something accidentally (e.g., you tripped and banged your head on accident). Also, please be assured that your responses are completely confidential.

1. Have you ever intentionally (i.e., on purpose) cut your wrists, arms, or other area(s) of your body (without intending to kill yourself)? (circle one)
   1. Yes  
   2. No

If yes,

   How old were you when you first did this? _____
   How many times have you done this? _____
   When was the last time you did this? _____
   How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____
   Has this behavior ever resulted in hospitalization or injure enough to require severe medical treatment? _____

2. Have you ever intentionally (i.e., on purpose) burned yourself with a cigarette?
   1. Yes  
   2. No
If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

3. Have you ever intentionally (i.e., on purpose) burned yourself with a lighter or a match?

   1. Yes   2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

4. Have you ever intentionally (i.e., on purpose) carved words into your skin?

   1. Yes   2. No

If yes,
How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

5. Have you ever intentionally (i.e., on purpose) carved pictures, designs, or other marks into your skin?
   1. Yes           2. No

   If yes,
   How old were you when you first did this? _____
   How many times have you done this? _____
   When was the last time you did this? _____
   How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____
   Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

6. Have you ever intentionally (i.e., on purpose) severely scratched yourself, to the extent that scarring or bleeding occurred?
   1. Yes           2. No
If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injure enough to require severe medical treatment? _____

7. Have you ever intentionally (i.e., on purpose) bit yourself, to the extent that you broke the skin?

    1. Yes 2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injure enough to require severe medical treatment? _____

8. Have you ever intentionally (i.e., on purpose) rubbed sandpaper on your body?

    1. Yes 2. No
If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

9. Have you ever intentionally (i.e., on purpose) dripped acid onto your skin?
   1. Yes            2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

10. Have you ever intentionally (i.e., on purpose) used bleach, comet, or oven cleaner to scrub your skin?
1. Yes  
2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

11. Have you ever intentionally (i.e., on purpose) stuck sharp objects such as needles, pins, staples, etc. into your skin, not including tattoos, ear piercing, needles used for drug use, or body piercing?

1. Yes  
2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____
12. Have you ever intentionally (i.e., on purpose) rubbed glass into your skin?

1. Yes  
2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

13. Have you ever intentionally (i.e., on purpose) broken your own bones?

1. Yes  
2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____
14. Have you ever intentionally (i.e., on purpose) banged your head against something, to the extent that you caused a bruise to appear?

1. Yes  
2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____

15. Have you ever intentionally (i.e., on purpose) punched yourself, to the extent that you caused a bruise to appear?

1. Yes  
2. No

If yes,

How old were you when you first did this? _____

How many times have you done this? _____

When was the last time you did this? _____

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

Has this behavior ever resulted in hospitalization or injury enough to require severe medical treatment? _____
16. Have you ever intentionally (i.e., on purpose) prevented wounds from healing?

   1. Yes  2. No

   If yes,

   How old were you when you first did this? _____

   How many times have you done this? _____

   When was the last time you did this? _____

   How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?) _____

   Has this behavior ever resulted in hospitalization or injure enough to require severe medical treatment? _____

17. Have you ever intentionally (i.e., on purpose) done anything else to hurt yourself that was not asked about in this questionnaire? If yes, what did you do to hurt yourself?
**INVENTORY OF STATEMENTS ABOUT SELF-INJURY (ISAS) – SECTION I. BEHAVIORS**

This questionnaire asks about a variety of self-harm behaviors. Please only endorse a behavior if you have done it intentionally (i.e., on purpose) and without suicidal intent (i.e., not for suicidal reasons).

1. Please estimate the number of times in your life you have intentionally (i.e., on purpose) performed each type of non-suicidal self-harm (e.g., 0, 10, 100, 500):

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting</td>
<td></td>
</tr>
<tr>
<td>Severe Scratching</td>
<td></td>
</tr>
<tr>
<td>Biting</td>
<td></td>
</tr>
<tr>
<td>Banging or Hitting Self</td>
<td></td>
</tr>
<tr>
<td>Burning</td>
<td></td>
</tr>
<tr>
<td>Interfering w/ Wound Healing</td>
<td></td>
</tr>
<tr>
<td>(e.g., picking scabs)</td>
<td></td>
</tr>
<tr>
<td>Carving</td>
<td></td>
</tr>
<tr>
<td>Rubbing Skin Against Rough Surface</td>
<td></td>
</tr>
<tr>
<td>Pinching</td>
<td></td>
</tr>
<tr>
<td>Sticking Self w/ Needles</td>
<td></td>
</tr>
<tr>
<td>Pulling Hair</td>
<td></td>
</tr>
<tr>
<td>Swallowing Dangerous Substances</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Important:** If you have performed one or more of the behaviors listed above, please complete the final part of this questionnaire. If you have not performed any of the behaviors listed above, you are done with this particular questionnaire and should continue to the next.

If you feel that you have a *main* form of self-harm, please circle the behavior(s) on the first page above that you consider to be your main form of self-harm.

2. At what age did you:

First harm yourself? ____________ (approximate date – month/date/year)
Most recently harm yourself? ___________ (approximate date – month/date/year)

3. Do you experience physical pain during self-harm?

Please circle a choice: YES SOMETIMES NO

4. When you self-harm, are you alone?

Please circle a choice: YES SOMETIMES NO

5. Typically, how much time elapses from the time you have the urge to self-harm until you act on the urge?

Please circle a choice:

< 1 hour 1 – 3 hours 3 – 6 hours
6 – 12 hours 12 – 24 hours > 1 day

6. Do/did you want to stop self-harming?

Please circle a choice: YES NO

INVENTORY OF STATEMENTS ABOUT SELF-INJURY (ISAS) – SECTION II. FUNCTIONS

Name:________________________

Date:________________________
**Instructions**

This inventory was written to help us better understand the experience of non-suicidal self-harm.

Below is a list of statements that may or may not be relevant to your experience of self-harm.

Please identify the statements that are most relevant for you:

- Circle **0** if the statement *not relevant* for you at all
- Circle **1** if the statement is *somewhat relevant* for you
- Circle **2** if the statement is *very relevant* for you

<table>
<thead>
<tr>
<th>“When I self-harm, I am …”</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. … calming myself down</td>
<td>0 1 2</td>
</tr>
<tr>
<td>2. … creating a boundary between myself and others</td>
<td>0 1 2</td>
</tr>
<tr>
<td>3. … punishing myself</td>
<td>0 1 2</td>
</tr>
<tr>
<td>4. … giving myself a way to care for myself (by attending to the wound)</td>
<td>0 1 2</td>
</tr>
<tr>
<td>5. … causing pain so I will stop feeling numb</td>
<td>0 1 2</td>
</tr>
<tr>
<td>6. … avoiding the impulse to attempt suicide</td>
<td>0 1 2</td>
</tr>
<tr>
<td>7. … doing something to generate excitement or exhilaration</td>
<td>0 1 2</td>
</tr>
<tr>
<td>8. … bonding with peers</td>
<td>0 1 2</td>
</tr>
<tr>
<td>9. … letting others know the extent of my emotional pain</td>
<td>0 1 2</td>
</tr>
<tr>
<td>10. … seeing if I can stand the pain</td>
<td>0 1 2</td>
</tr>
<tr>
<td>11. … creating a physical sign that I feel awful</td>
<td>0 1 2</td>
</tr>
<tr>
<td>12. … getting back at someone</td>
<td>0 1 2</td>
</tr>
<tr>
<td>13. … ensuring that I am self-sufficient</td>
<td>0 1 2</td>
</tr>
<tr>
<td>14. … releasing emotional pressure that has built up inside of me</td>
<td>0 1 2</td>
</tr>
</tbody>
</table>
15. … demonstrating that I am separate from other people
16. … expressing anger towards myself for being worthless or stupid
17. … creating a physical injury that is easier to care for than my emotional distress
18. … trying to feel something (as opposed to nothing) even if it is physical pain
19. … responding to suicidal thoughts without actually attempting suicide
20. … entertaining myself or others by doing something extreme
21. … fitting in with others
22. … seeking care or help from others
23. … demonstrating I am tough or strong
24. … proving to myself that my emotional pain is real
25. … getting revenge against others
26. … demonstrating that I do not need to rely on others for help
27. … reducing anxiety, frustration, anger, or other overwhelming emotions
28. … establishing a barrier between myself and others
29. … reacting to feeling unhappy with myself or disgusted with myself
30. … allowing myself to focus on treating the injury, which can be gratifying or satisfying
31. … making sure I am still alive when I don’t feel real
32. … putting a stop to suicidal thoughts
33. … pushing my limits in a manner akin to skydiving or other extreme activities
34. … creating a sign of friendship or kinship with friends or loved ones
35. … keeping a loved one from leaving or abandoning me
36. … proving I can take the physical pain 0 1 2
37. … signifying the emotional distress I’m experiencing 0 1 2
38. … trying to hurt someone close to me 0 1 2
39. … establishing that I am autonomous/independent 0 1 2

Response Key: 0 – not relevant, 1 – somewhat relevant, 2 – very relevant

(Optional) In the space below, please list any statements that you feel would be more accurate for you than the ones listed above:

(Optional) In the space below, please list any statements you feel should be added to the above list, even if they do not necessarily apply to you:
NIQ, Pilot Study Version

The following questions concern situations where you might have harmed yourself or thought about harming yourself. This questionnaire specifically asks about behaviors or thoughts regarding hurting yourself on purpose. Therefore, only answer each question if you have experienced that item on purpose (not an accident) and without intending to die. In order to help us find out more about these behaviors, please read each question carefully and answer honestly.

The top part of this questionnaire deals with behaviors, or actions you might have done. These behaviors specifically relate to self-harm. Please put a checkmark if you have ever done some of these things (ON PURPOSE and WITHOUT INTENDING TO DIE) that sometimes people do to harm themselves:

_____ Cutting

_____ Burning self (with cigarettes, lighter, match, hot object, etc)

_____ Skin carving (letters, words, symbols, pictures, or anything else)

_____ Scratching (hard enough to bleed or scar)

_____ Biting (hard enough to bleed)

_____ Rubbing harsh objects into skin (sandpaper, glass, household cleaners)

_____ Putting harsh chemicals on the skin (bleach, acid, cleaner)

_____ Sticking self with sharp objects (needles, pins, etc)

_____ Pinching (hard enough to leave a mark)

_____ Hair pulling (hard enough to hurt)

_____ Swallowing dangerous substances (poison, bleach, toxins)
____ Interfering with healing (scab picking, wound picking)
____ Hitting/Punching (hard enough to bruise self)
____ Breaking a bone (hitting a wall or other object hard enough)
____ Strangling or choking yourself (not for pleasure or enjoyment)
____ Risk taking (getting into a fight, playing a rough sport TO GET HURT)

1. How many times in your life have you self-harmed?
   A. Never have  B. <5  C. 5 – 15  D. 15 – 25  E. 25 – 50  F. 50 – 100  G. > 100

2. How frequently did you self-harm at your most frequent harming type?
   A. I never have
   B. Once a year
   C. A few times a year
   D. Once a month
   E. Once a week
   F. Many times a week

3. When did you begin (age)? ____________________________________________

3. When was the last time you did it? ______________________________________

4. Have you ever been hospitalized due to harming yourself? __________

5. How many times? __________

___________________________________________________________________________

7. Have you ever intentionally (on purpose) done anything else to hurt yourself without intent to die? __________

8. What did you do?_________________________________________________________
The second part of this questionnaire asks about thoughts you may have had related to harming yourself. Sometimes people think about harming themselves, which is different than actually engaging in self-harm. In fact, some people report thinking about harming themselves without ever actually harming themselves. If these thoughts do precede self-harm acts, they occur BEFORE the act, ranging anywhere from days, to hours, to several minutes before. Please answer the questions below if you have had any of these thoughts either without harming yourself or at least several minutes before harming yourself. Circle one for each of the following items if each is ON PURPOSE and WITHOUT INTENDING TO KILL YOURSELF:

1. a. Have you ever thought about or imagined intentionally cutting your wrists, arms, or other area(s) of your body?
   - A. Never
   - B. Infrequently
   - C. Often
   - D. Always

   If yes, answer the questions below:

   1. b. How intense would you describe your thoughts?
      - A. Not very
      - B. Somewhat
      - C. Moderately
      - D. Extremely Intense
      - Intense
      - Intense
      - Intense

   1. c. How long do these thoughts persist when they arise?
      - A. < 15 minutes
      - B. 15 minutes – 60 minutes
      - C. Several hours
      - D. Several Days

   1. d. How strong would you describe your urge to act on your thoughts?
      - A. Not at all
      - B. Somewhat
      - C. Moderately
      - D. Very
1. e. What age did these thoughts begin?  
_____________________________________

1. f. Are these thoughts current or in the past? (circle one)

1. g. How many years have you thought/did you think about this? ____________

2. a. Have you ever thought about or imagined intentionally burning yourself (such as with cigarettes, a lighter, a match, or hot object)?
   A. Never  B. Infrequently  C. Often  D. Always

If yes, answer the questions below:

2. b. How intense would you describe your thoughts?
   A. Not very  B. Somewhat  C. Moderately  D. Extremely

   Intense  Intense  Intense  Intense

2. c. How long do these thoughts persist when they arise?
   A. < 15 minutes  B. 15 minutes – 60 minutes  C. Several hours  D. Several Days

2. d. How strong would you describe your urge to act on your thoughts?
   A. Not at all  B. Somewhat  C. Moderately  D. Very

   Strong  Strong  Strong  Strong

2. e. What age did these thoughts begin?  
_____________________________________

2. f. Are these thoughts current or in the past? (circle one)
2. g. How many years have you thought/did you think about this? ________________

3. a. Have you *ever thought about or imagined* intentionally carving into your skin (e.g., letters, words, symbols, pictures, or “just carving”)?
   
   A. Never         B. Infrequently        C. Often         D. Always

   If yes, answer the questions below:

3. b. How intense would you describe your thoughts?

   A. Not very         B. Somewhat         C. Moderately      D. Extremely
   
   Intense        Intense          Intense           Intense

3. c. How long do these thoughts persist when they arise?

   A. < 15 minutes       B. 15 minutes – 60 minutes       C. Several hours        D. Several Days

3. d. How strong would you describe your urge to act on your thoughts?

   A. Not at all         B. Somewhat         C. Moderately      D. Very
   
   Strong            Strong            Strong             Strong

3. e. What age did these thoughts begin?

   ____________________________

3. f. Are these thoughts current or in the past? (circle one)

3. g. How many years have you thought/did you think about this? ________________
4. a. Have you *ever thought about or imagined* intentionally scratching yourself hard enough to bleed or leave scars?
   
   A. Never  
   B. Infrequently  
   C. Often  
   D. Always

If yes, answer the questions below:

4. b. How intense would you describe your thoughts?
   
   A. Not very  
   B. Somewhat  
   C. Moderately  
   D. Extremely

4. c. How long do these thoughts persist when they arise?
   
   A. < 15 minutes  
   B. 15 minutes – 60 minutes  
   C. Several hours  
   D. Several Days

4. d. How strong would you describe your urge to act on your thoughts?
   
   A. Not at all  
   B. Somewhat  
   C. Moderately  
   D. Very

   Strong  
   Strong  
   Strong  
   Strong

4. e. What age did these thoughts begin?

_____________________________________

4. f. Are these thoughts **current** or in the **past**? (circle one)

4. g. How many years have you thought/did you think about this? _____________

5. a. Have you *ever thought about or imagined* intentionally biting yourself hard enough break the skin?
   
   A. Never  
   B. Infrequently  
   C. Often  
   D. Always

If yes, answer the questions below:
5. b. How intense would you describe your thoughts?
   A. Not very     B. Somewhat     C. Moderately     D. Extremely
   Intense         Intense         Intense         Intense

5. c. How long do these thoughts persist when they arise?
   A. < 15 minutes  B. 15 minutes – 60 minutes  C. Several hours  D. Several Days

5. d. How strong would you describe your urge to act on your thoughts?
   A. Not at all     B. Somewhat     C. Moderately     D. Very
   Strong           Strong           Strong           Strong

5. e. What age did these thoughts begin?

_____________________________________

5. f. Are these thoughts current or in the past? (circle one)

5. g. How many years have you thought/did you think about this? ________________

6. a. Have you ever thought about or imagined intentionally rubbing your skin with something rough (like sandpaper, comet, glass, etc)?
   A. Never     B. Infrequently     C. Often     D. Always

If yes, answer the questions below:

6. b. How intense would you describe your thoughts?
   A. Not very     B. Somewhat     C. Moderately     D. Extremely
   Intense         Intense         Intense         Intense

6. c. How long do these thoughts persist when they arise?
A. < 15 minutes  B. 15 minutes – 60 minutes  C. Several hours  D. Several Days

6. d. How strong would you describe your urge to act on your thoughts?
   
   A. Not at all  B. Somewhat  C. Moderately  D. Very Strong

6. e. What age did these thoughts begin?
   
   ____________________________

6. f. Are these thoughts **current** or in the **past**? (circle one)

6. g. How many years have you thought/did you think about this? ______________

7. a. Have you *ever thought about or imagined* intentionally putting a harmful substance onto your skin (like bleach, acid, cleaning solution)?

   A. Never  B. Infrequently  C. Often  D. Always

If yes, answer the questions below:

7. b. How intense would you describe your thoughts?

   A. Not very  B. Somewhat  C. Moderately  D. Extremely Intense

7. c. How long do these thoughts persist when they arise?

   A. < 15 minutes  B. 15 minutes – 60 minutes  C. Several hours  D. Several Days

7. d. How strong would you describe your urge to act on your thoughts?

   A. Not at all  B. Somewhat  C. Moderately  D. Very Strong
7. e. What age did these thoughts begin?
_____________________________________

7. f. Are these thoughts **current** or in the **past**? (circle one)

7. g. How many years have you thought/did you think about this? ____________

8. a. NOT INCLUDING TATTOOS, EAR/BODY PIERCING, DRUG USE, or MEDICAL NEEDS: Have you *ever thought about or imagined* sticking yourself with needles, pins, or other sharp objects?
   
   A. Never       B. Infrequently       C. Often       D. Always

If yes, answer the questions below:

8. b. How intense would you describe your thoughts?
   
   A. Not very       B. Somewhat       C. Moderately       D. Extremely

   Intense       Intense       Intense       Intense

8. c. How long do these thoughts persist when they arise?

   A. < 15 minutes B. 15 minutes – 60 minutes C. Several hours D. Several Days

8. d. How strong would you describe your urge to act on your thoughts?

   A. Not at all       B. Somewhat       C. Moderately       D. Very

   Strong       Strong       Strong       Strong

8. e. What age did these thoughts begin?
_____________________________________

8. f. Are these thoughts **current** or in the **past**? (circle one)
8. g. How many years have you thought/did you think about this? ________________

9. a. Have you *ever thought about or imagined* pinching yourself hard enough to leave a mark?

   A. Never       B. Infrequently  C. Often       D. Always

If yes, answer the questions below:

9. b. How intense would you describe your thoughts?

   A. Not very       B. Somewhat      C. Moderately  D. Extremely

   Intense       Intense       Intense       Intense

9. c. How long do these thoughts persist when they arise?

   A. < 15 minutes B. 15 minutes – 60 minutes C. Several hours D. Several Days

9. d. How strong would you describe your urge to act on your thoughts?

   A. Not at all       B. Somewhat      C. Moderately  D. Very

   Strong       Strong       Strong       Strong

9. e. What age did these thoughts begin?

   ______________________________

9. f. Are these thoughts **current** or in the **past**? (circle one)

9. g. How many years have you thought/did you think about this? ________________

10. a. Have you *ever thought about or imagined* pulling your hair hard enough to hurt?

    A. Never       B. Infrequently  C. Often       D. Always
If yes, answer the questions below:

10. b. How intense would you describe your thoughts?
   
   A. Not very         B. Somewhat         C. Moderately     D. Extremely
   Intense            Intense            Intense

10. c. How long do these thoughts persist when they arise?

   A. < 15 minutes B. 15 minutes – 60 minutes C. Several hours D. Several Days

10. d. How strong would you describe your urge to act on your thoughts?

   A. Not at all     B. Somewhat     C. Moderately    D. Very Strong
   Strong           Strong           Strong

10. e. What age did these thoughts begin?

   ________________________________

10. f. Are these thoughts current or in the past? (circle one)

10. g. How many years have you thought/did you think about this? __________

11. a. NOT INCLUDING ALCOHOL OR OTHER DRUGS: Have you ever thought about or imagined swallowing something that could harm you (like bleach, poison, or other toxic substances)?

   A. Never         B. Infrequently   C. Often        D. Always

If yes, answer the questions below:

11. b. How intense would you describe your thoughts?

   A. Not very         B. Somewhat         C. Moderately     D. Extremely
   Intense            Intense            Intense
11. c. How long do these thoughts persist when they arise?
   A. < 15 minutes B. 15 minutes – 60 minutes C. Several hours D. Several Days

11. d. How strong would you describe your urge to act on your thoughts?
   A. Not at all B. Somewhat C. Moderately D. Very Strong

11. e. What age did these thoughts begin?

   ________________________________

11. f. Are these thoughts current or in the past? (circle one)

11. g. How many years have you thought/did you think about this? _____________

12. a. Have you ever thought about or imagined purposefully keeping scabs or wounds from healing?
   A. Never B. Infrequently C. Often D. Always

If yes, answer the questions below:

12. b. How intense would you describe your thoughts?
   A. Not very B. Somewhat C. Moderately D. Extremely Intense

12. c. How long do these thoughts persist when they arise?
   A. < 15 minutes B. 15 minutes – 60 minutes C. Several hours D. Several Days

12. d. How strong would you describe your urge to act on your thoughts?
   A. Not at all B. Somewhat C. Moderately D. Very Strong
12. e. What age did these thoughts begin? 

____________________________________________________________________

12. f. Are these thoughts **current** or in the **past**? (circle one)

12. g. How many years have you thought/did you think about this? ____________

A. Yes  
B. No  
C. N/A (Answer above is no)

13. a. Have you **ever thought about or imagined** intentionally hitting a part of your body (for example, head banging) or punching yourself hard enough to leave a mark?

A. Never  
B. Infrequently  
C. Often  
D. Always

If yes, answer the questions below:

13. b. How intense would you describe your thoughts?

A. Not very  
B. Somewhat  
C. Moderately  
D. Extremely

Intense  
Intense  
Intense  
Intense

13. c. How long do these thoughts persist when they arise?

A. < 15 minutes  
B. 15 minutes – 60 minutes  
C. Several hours  
D. Several Days

13. d. How strong would you describe your urge to act on your thoughts?

A. Not at all  
B. Somewhat  
C. Moderately  
D. Very

Strong  
Strong  
Strong  
Strong

13. e. What age did these thoughts begin?

____________________________________________________________________
13. f. Are these thoughts **current** or in the **past**? (circle one)

13. g. How many years have you thought/did you think about this? ______________

14. a. Have you *ever thought about or imagined* intentionally breaking a bone?

   A. Never       B. Infrequently       C. Often       D. Always

If yes, answer the questions below:

14. b. How intense would you describe your thoughts?

   A. Not very          B. Somewhat          C. Moderately          D. Extremely

   Intense              Intense              Intense              Intense

14. c. How long do these thoughts persist when they arise?

   A. < 15 minutes   B. 15 minutes – 60 minutes   C. Several hours   D. Several Days

14. d. How strong would you describe your urge to act on your thoughts?

   A. Not at all            B. Somewhat            C. Moderately            D. Very

   Strong                Strong                Strong                Strong

14. e. What age did these thoughts begin?

   __________________________

14. f. Are these thoughts **current** or in the **past**? (circle one)

14. g. How many years have you thought/did you think about this? ______________
15. a. NOT FOR PLEASURE OR ENJOYMENT: Have you ever thought about or imagined strangling or choking yourself?

   A. Never        B. Infrequently        C. Often        D. Always

If yes, answer the questions below:

15. b. How intense would you describe your thoughts?

   A. Not very    B. Somewhat    C. Moderately    D. Extremely

   Intense     Intense     Intense    Intense

15. c. How long do these thoughts persist when they arise?

   A. < 15 minutes B. 15 minutes – 60 minutes C. Several hours D. Several Days

15. d. How strong would you describe your urge to act on your thoughts?

   A. Not at all    B. Somewhat    C. Moderately    D. Very

   Strong      Strong      Strong    Strong

15. e. What age did these thoughts begin?

____________________________________

15. f. Are these thoughts current or in the past? (circle one)

15. g. How many years have you thought/did you think about this? _________________

16. a. Have you ever thought about or imagined putting yourself in a risky situation so that you might get hurt (like fighting or playing rough sports)?

   A. Never        B. Infrequently        C. Often        D. Always

If yes, answer the questions below:
16. b. How intense would you describe your thoughts?
   A. Not very         B. Somewhat         C. Moderately         D. Extremely
   Intense            Intense            Intense            Intense

16. c. How long do these thoughts persist when they arise?
   A. < 15 minutes B. 15 minutes – 60 minutes C. Several hours D. Several Days

16. d. How strong would you describe your urge to act on your thoughts?
   A. Not at all         B. Somewhat         C. Moderately         D. Very
   Strong              Strong              Strong              Strong

16. e. What age did these thoughts begin?
   __________________________________________

16. f. Are these thoughts current or in the past? (circle one)

16. g. How many years have you thought/did you think about this? __________

17. Have you ever thought about or imagined intentionally (i.e., on purpose) doing anything else to hurt yourself? What did you think about?

18. Have you ever been hospitalized from thinking about or talking about wanting to hurt yourself? ________
   How many times? ______________________________________________

19. Have you ever been hospitalized from hurting yourself? ________
20. Please check all the following that apply when you think about harming yourself. Note, please check the ones that apply to thoughts and not actions.

_________ Think about yourself feeling relaxed

_________ Think about bad feelings ending

_________ Think about others paying attention to you

_________ Think about yourself avoiding punishment from others

_________ Think about punishing yourself

_________ Think about feelings of emptiness ending

_________ Think about yourself avoiding to have to do something unpleasant

_________ Think about others understanding you
DEMQ

Please circle the correct answer or fill in the blank as necessary.

1. Age: __________

2. Sex: __________

3. Sexual Orientation: __________

4. Ethnicity:
   a. Hispanic or Latino
   b. Not Hispanic or Latino

5. Race: (select all that apply)
   a. American Indian or Alaskan Native
   b. Asian
   c. Black or African American
   d. Native Hawaiian or Other Pacific Islander
   e. White

6. Relationship Status:
   a. Single (never married or co-habitating with a long-term domestic partner)
   b. Married or Partnered (with first partner)
   c. Remarried or Re-partnered
   d. Separated
   e. Divorced
   f. Widowed

7. How many years of school have you completed?
   a. Less than 7 years of school
b. Junior High School (7-9th grade)

c. Some High School (10-11th grade)

d. High School Graduate

e. Some college or vocational training

f. A four year college program

g. Graduate or professional training

8. What were you highest SAT scores (Verbal + Quantitative only)? _______

ACT? _______

9. Your average yearly income if you support yourself or your parent’s average yearly income if they support you (please check one).

_______ $0 - $5,000   _______ $40,000 - $50,000

_______ $5,000 - $10,000   _______ $50,000 - $60,000

_______ $10,000 - $20,000   _______ $60,000 - $70,000

_______ $20,000 - $30,000   _______ $70,000 - $80,000

_______ $30,000 - $40,000   _______ $80,000 or more
This questionnaire contains a series of questions in which you should imagine yourself in certain situations. You should then decide if these situations would be painful for you and if yes, how painful they would be. **Let 0 stand for no pain; 1 is an only just noticeable pain and 10 the most severe pain that you can imagine or consider possible.** Please mark the scale with a cross on the number that is most true for you. Keep in mind that there are no “right” or “wrong” answers; only your personal assessment of the situation counts.

Please try as much as possible not to allow your fear or aversion of the imagined situations affect your assessment of painfulness.

1. Imagine you bump your shin badly on a hard edge, for example, on the edge of a glass coffee table.

How painful would that be for you?

0 = no pain at all 10 = most severe pain imaginable

0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8 ------ 9 ------ 10

2. Imagine you burn your tongue on a very hot drink.

How painful would that be for you?

0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8 ------ 9 ------ 10

3. Imagine your muscles are slightly sore as the result of physical activity.

How painful would that be for you?

0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8 ------ 9 ------ 10

4. Imagine you trap your finger in a drawer.

How painful would that be for you?

0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8 ------ 9 ------ 10

**PSQ**
5. Imagine you take a shower with lukewarm water.
How painful would that be for you?

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

6. Imagine you have mild sunburn on your shoulders.
How painful would that be for you?

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

7. Imagine you grazed your knee falling off your bicycle.
How painful would that be for you?

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

8. Imagine you accidentally bite your tongue or cheek badly while eating.
How painful would that be for you?

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

9. Imagine walking across a cool tiled floor with bare feet.
How painful would that be for you?

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

10. Imagine you have a minor cut on your finger and inadvertently get lemon juice in the wound.
How painful would that be for you?

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

11. Imagine you prick your fingertip on the thorn of a rose.
How painful would that be for you?

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
12. Imagine you stick your bare hands in the snow for a couple of minutes or bring your hands in contact with snow for some time, for example, while making snowballs.

How painful would that be for you?


13. Imagine you shake hands with someone who has a normal grip.

How painful would that be for you?


14. Imagine you shake hands with someone who has a very strong grip.

How painful would that be for you?


15. Imagine you pick up a hot pot by inadvertently grabbing its equally hot handles.

How painful would that be for you?


16. Imagine you are wearing sandals and someone with heavy boots steps on your foot.

How painful would that be for you?


17. Imagine you bump your elbow on the edge of a table (“funny bone”).

How painful would that be for you?


HOME ENVIRONMENT QUESTIONARE

This questionnaire seeks to determine the general atmosphere of your home when you were a child or teenager and how you felt you were treated by your parents or principal guardian. (If you were not raised by one or both of your biological parents, please respond to the questions in terms of the person who had the primary responsibility for your upbringing as a child.) Where a question inquires about the behavior of both of your parents and your parents differed in their behavior, please respond in terms of the parent whose behavior was most severe or worse.

In responding to these questions, simply circle the appropriate number according to the following definitions:

0 = never
1 = rarely
2 = sometimes
3 = very often
4 = always

To illustrate, here is a hypothetical question:

Did your parents criticize you when you were young? 0 1 2 3 4

If you were rarely criticized, you should circle number 1.

Please answer all the questions.

1. Did your parents ridicule you? 0 1 2 3 4

2. Did you ever seek outside help or guidance because of problems in 0 1 2 3 4
your home?

3. Did your parents verbally abuse each other? 0 1 2 3 4

4. Were you expected to follow a strict code of behavior in your home? 0 1 2 3 4

5. When you were punished as a child or teenager, did you understand the reason you were punished? 0 1 2 3 4

6. When you didn’t follow the rules of the house, how often were severely punished? 0 1 2 3 4

7. As a child did you feel unwanted or emotionally neglected? 0 1 2 3 4

8. Did your parents insult you or call you names? 0 1 2 3 4

9. Before you were 14, did you engage in sexually activity with an adult? 0 1 2 3 4

10. Were your parents unhappy with each other? 0 1 2 3 4

11. Were your parents unwilling to attend any of your school-related activities? 0 1 2 3 4

12. As a child were you punished in unusual ways (e.g., being locked in a closet for a long time or being tied up)? 0 1 2 3 4

13. Were there traumatic or upsetting sexual experiences when you were a child or teenager that you couldn’t speak to adults about? 0 1 2 3 4

14. Did you ever think you wanted to leave your family and live with another family? 0 1 2 3 4

15. Did you ever witness the sexual mistreatment of another family member? 0 1 2 3 4

16. Did you ever think seriously about running away from home? 0 1 2 3 4

17. Did you witness the physical mistreatment of another family member? 0 1 2 3 4
18. When you were punished as a child or teenager, did you feel the punishment was deserved? 
   0 1 2 3 4

19. As a child or teenager, did you feel disliked by either of your parents? 
   0 1 2 3 4

20. How often did your parents get really angry with you? 
   0 1 2 3 4

21. As a child did you feel that your home was charged with the possibility of unpredictable physical violence? 
   0 1 2 3 4

22. Did you feel comfortable bringing friends home to visit? 
   0 1 2 3 4

23. Did you feel safe living at home? 
   0 1 2 3 4

24. When you were punished as a child or teenager, did you feel “the punishment fit the crime”? 
   0 1 2 3 4

25. Did your parents ever verbally lash out at you when you did not expect it? 
   0 1 2 3 4

26. Did you have traumatic sexual experiences as a child or teenager? 
   0 1 2 3 4

27. Were you lonely as a child? 
   0 1 2 3 4

28. Did your parents yell at you? 
   0 1 2 3 4

29. When either of your parents was intoxicated, were you afraid of being sexually mistreated? 
   0 1 2 3 4

30. Did you ever wish for a friend to share your life? 
   0 1 2 3 4

31. How often were you left home alone as a child? 
   0 1 2 3 4

32. Did your parents blame you for things you didn’t do? 
   0 1 2 3 4

33. To what extent did either of your parents drink heavily or abuse drugs? 
   0 1 2 3 4

34. Did your parents ever hit or beat you when you did not expect it? 
   0 1 2 3 4

35. Did your relationship with your parents ever involve a sexual
experience?

36. As a child, did you have to take care of yourself before you were old enough?  
   0 1 2 3 4

37. Were you physically mistreated as a child or teenager?  
   0 1 2 3 4

38. Was your childhood stressful?  
   0 1 2 3 4
The following questions address your experiences of how your parents responded to your emotions when you were young. For each item, please choose the rating from 1 to 5 that most closely reflects your experience up to the age of 18 years.

1 – Never  
2 – Rarely  
3 – Some of the time  
4 – Most of the time  
5 – All of the time

Because your parents may have been very different, please rate them separately. The left hand column is to rate your mother, and the right hand column is to rate your father.

<table>
<thead>
<tr>
<th>Mother</th>
<th>During my childhood …</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>My parents would become angry if I disagreed with them.</td>
<td>_______</td>
</tr>
<tr>
<td>_______</td>
<td>When I was anxious, my parents ignored this.</td>
<td>_______</td>
</tr>
<tr>
<td>_______</td>
<td>If I was happy, my parents would be sarcastic and say things like:</td>
<td>_______</td>
</tr>
<tr>
<td></td>
<td>“What are you smiling at?”</td>
<td></td>
</tr>
<tr>
<td>_______</td>
<td>If I was upset, my parents said things like:</td>
<td>_______</td>
</tr>
</tbody>
</table>
“I'll give you something to really cry about!”

My parents made me feel OK if I told them I didn't understand something difficult the first time.

If I was pleased because I had done well at school, my parents would say things like: “Don't get too confident”.

If I said I couldn't do something, my parents would say things like: “You're being difficult on purpose”.

My parents would understand and help me if I couldn't do something straight away.

My parents used to say things like: “Talking about worries just makes them worse”.

If I couldn't do something however hard I tried, my parents told me I was lazy.

My parents would explode with anger if I made decisions without asking them first.
When I was miserable, my parents asked me what was upsetting me, so that they could help me. If I couldn’t solve a problem, my parents would say things like: “Don’t be so stupid — even an idiot could do that!” When I talked about my plans for the future, my parents listened to me and encouraged me.

Finally, we would like to know how you saw your whole family when you were younger. Please read the following descriptions and rate how closely each one matches your experience of growing up in your family (up to 18 years).

<table>
<thead>
<tr>
<th>Family types Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – not like my family</td>
<td>During my childhood, my parents were often not available, and I got little time or attention. I was often left to fend for myself or go round to friends/relatives. My...</td>
</tr>
<tr>
<td>2 – a little bit like my family</td>
<td>3 – like my family some of the time</td>
</tr>
<tr>
<td>4 – like my family most of the time</td>
<td></td>
</tr>
<tr>
<td>5 – like my family all of the time</td>
<td>If I couldn’t solve a problem, my parents would say things like: “Don’t be so stupid — even an idiot could do that!” When I talked about my plans for the future, my parents listened to me and encouraged me.</td>
</tr>
</tbody>
</table>

We would like you to rate each description on a scale of 1 to 5, where 1 = not like my family, and 5 = like my family all of the time.
parents often got angry if I asked for things. One or both of my parents may have had substance misuse difficulties, mental health problems or financial problems.

2. During my childhood, I felt listened to and cared for. My parents were interested in my thoughts and ideas and encouraged me to make my own decisions and choices. If things were difficult for me, they supported me and tried to comfort me.

3. During my childhood, everything in my family was perfect on the surface. However, my parents couldn't stand it if I showed I was upset, scared or angry. They expected me to hide my feelings and get on with it.

4. During my childhood, it was important to be able to control your emotions and focus on achievement and success. “Behaving like a grown-up” was desirable.
**BSI**

Below is a list of problems that people sometimes have. Please read each one carefully and circle the number that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Circle only one number for each problem and do not skip any items.

0 = Not at all  
1 = A little bit  
2 = Moderately  
3 = Quite a bit  
4 = Extremely

**How much were you distressed by:**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. nervousness or shakiness inside</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. faintness or dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. the idea that someone else can control your thoughts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. feeling others are to blame for most of your troubles</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. trouble remembering things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Feeling or Symptom</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6</td>
<td>feeling easily annoyed or irritated</td>
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<td>7</td>
<td>pains in heart or chest</td>
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<td>8</td>
<td>feeling afraid in open spaces or on the streets</td>
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<td>9</td>
<td>thoughts of ending your life</td>
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<tr>
<td>10</td>
<td>feeling that most people cannot be trusted</td>
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<td>11</td>
<td>poor appetite</td>
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<tr>
<td>12</td>
<td>suddenly scared for no reason</td>
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<td>13</td>
<td>temper outbursts that you could not control</td>
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<tr>
<td>14</td>
<td>feeling lonely even when you are with people</td>
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<td>15</td>
<td>feeling blocked in getting things done</td>
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<td>16</td>
<td>feeling lonely</td>
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<td>17</td>
<td>feeling blue</td>
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<td>18</td>
<td>feeling no interest in things</td>
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<td>19</td>
<td>feeling fearful</td>
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<tr>
<td>20</td>
<td>your feelings being easily hurt</td>
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<td>21</td>
<td>feeling that people are unfriendly or dislike you</td>
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<tr>
<td>22</td>
<td>feeling inferior to others</td>
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<td>23</td>
<td>nausea or upset stomach</td>
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<td>24</td>
<td>feeling that you are watched or talked about by others</td>
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<tr>
<td>25</td>
<td>trouble falling asleep</td>
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<td>26</td>
<td>having to check and double-check what you do</td>
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<tr>
<td>27</td>
<td>difficulty making decisions</td>
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<tr>
<td>Number</td>
<td>Description</td>
<td>Scale</td>
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<td>------------------------------------------------------------------------------</td>
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<tr>
<td>28.</td>
<td>feeling afraid to travel on buses, subways, or trains</td>
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<tr>
<td>29.</td>
<td>trouble getting your breath</td>
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<tr>
<td>30.</td>
<td>hot or cold spells</td>
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<tr>
<td>31.</td>
<td>having to avoid certain things, places, or activities because they frighten you</td>
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<tr>
<td>32.</td>
<td>your mind going blank</td>
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<tr>
<td>33.</td>
<td>numbness or tingling in parts of your body</td>
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<tr>
<td>34.</td>
<td>the idea that you should be punished for your sins</td>
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<tr>
<td>35.</td>
<td>feeling hopeless about the future</td>
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<tr>
<td>36.</td>
<td>trouble concentrating</td>
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<tr>
<td>37.</td>
<td>feeling weak in parts of your body</td>
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<tr>
<td>38.</td>
<td>feeling tense or keyed up</td>
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<tr>
<td>39.</td>
<td>thoughts of death or dying</td>
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<tr>
<td>40.</td>
<td>having urges to beat, injure, or harm someone</td>
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<tr>
<td>41.</td>
<td>having urges to break or smash things</td>
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<td>42.</td>
<td>feeling very self-conscious with others</td>
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<tr>
<td>43.</td>
<td>feeling uneasy in crowds, such as shopping or at a movie</td>
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<td>44.</td>
<td>never feeling close to another person</td>
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<td>45.</td>
<td>spells of terror or panic</td>
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<td>46.</td>
<td>getting into frequent arguments</td>
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<tr>
<td>47.</td>
<td>feeling nervous when you are left alone</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>48.</td>
<td>others not giving you proper credit for your achievements</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>49.</td>
<td>feeling so restless you could not sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>50.</td>
<td>feelings of worthlessness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>51.</td>
<td>feeling that people will take advantage of you if you let them</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>52.</td>
<td>feelings of guilt</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>53.</td>
<td>the idea that something is wrong with your mind</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
The next questions are going to ask about behaviors that you may have done. Please remember that your answers are confidential and will be used for research purposes only. Please answer as honestly as possible.

1. Do you drink alcohol?
   - No   - Yes

2. How old were you when you had your first drink (e.g., more than 1 sip)? _______

3. In the last twelve months, which one of the following statements best describes the way you use alcohol?
   - Less than once a month
   - About once or twice a month, never in large amounts
   - About once or twice a month, sometimes in large amounts
   - About once or twice a week, never in large amounts
   - About once or twice a week, always in large amounts
   - Almost everyday, never in large amounts
   - Almost everyday, sometimes in large amounts
   - Almost everyday, usually in large amounts

4. Have you ever had five or more drinks (beer, wine, or liquor) in a single day?
   - No   - Yes

5. How many times in the last MONTH have you had 5 or more drinks in a single day?
   _______

6. Have you ever smoked marijuana or hashish?
   - No   - Yes
7. How old were you when you first smoked marijuana or hashish? ______

8. How many times have you used marijuana or hashish in the LAST 12 MONTHS? ______

9. Have you ever used cocaine or crack (in any form)?
   No    Yes

10. How old were you when you first used cocaine or crack? ______

11. How many times have you used cocaine or crack in the LAST 12 MONTHS? ______

12. Have you ever used psychedelics (e.g., mushrooms, acid, peyote)?
   No    Yes

13. How old were you when you first used psychedelics? ______

14. How many times have you used psychedelics in the LAST 12 MONTHS? ______

15. Have you ever used any other "hard" drugs (e.g., heroin, speed, crank)?
   No    Yes

16. How old were you when you first used other “hard” drugs? ______

17. How many times have you used other “hard” drugs in the LAST 12 MONTHS? ______

18. Have you ever driven while drunk or high?
   No    Yes

19. How many times have you driven while drunk or high in the LAST 12 MONTHS? ______

20. Have you ever been arrested for driving under the influence of alcohol (DUI, DWI)?
   No    Yes
21. How many times have you been arrested for driving under the influence of alcohol in your LIFETIME? ______

22. Have you ever taken a car that didn't belong to you without the owner's permission?
   
   No   Yes

23. How old were you when you first did this? ______

24. How many times have you done this in the LAST 12 MONTHS? ______

25. Have you ever taken something not belonging to you worth less than $50?
   
   No   Yes

26. How old were you when you first did this? ______

27. How many times have you done this in the LAST 12 MONTHS? ______

28. Have you ever taken something not belonging to you worth over $50?
   
   No   Yes

29. How old were you when you first did this? ______

30. How many times have you done this in the LAST 12 MONTHS? ______

31. Have you ever been in a physical fight with another individual?
   
   No   Yes

32. How old were you when you first did this? ______

33. How many times have you done this in the LAST 12 MONTHS? ______

34. Have you ever attacked another person with a weapon with the intent to injure, rape, or kill?
   
   No   Yes

35. How old were you when you first did this? ______

36. How many times have you done this in the LAST 12 MONTHS? ______
37. Have you ever hurt someone (intentionally – not during a sporting event) to a degree that he/she needed bandages or a doctor?
   No    Yes

38. How old were you when you first did this? _______

39. How many times have you done this in the LAST 12 MONTHS? ______

40. Have you ever used a weapon (e.g., gun, knife, club) to get something from someone?
   No    Yes

41. How old were you when you first did this? _______

42. How many times have you done this in the LAST 12 MONTHS? ______

43. Have you ever broken into a house or building or entered through an unlocked door or window to steal or to vandalize?
   No    Yes

44. How old were you when you first did this? _______

45. How many times have you done this in the LAST 12 MONTHS? ______

46. Have you ever been arrested (for anything other than DUI/DWI)?
   No    Yes

47. How old were you when you were first arrested (non DUI charge)? ______

48. How many times have you been arrested in the past 12 MONTHS (non DUI)? ______

49. Have you ever thrown something at a romantic partner?
   No    Yes

50. Have you ever twisted a romantic partner's arm or hair?
   No    Yes

51. Have you ever pushed or shoved a romantic partner?
No    Yes
52. Have you ever grabbed a romantic partner?

No    Yes
53. Have you ever slapped a romantic partner?

No    Yes
54. Have you ever punched or hit a romantic partner with something that could hurt?

No    Yes
55. Have you ever had sexual intercourse (vaginal or anal)?

No    Yes
56. How old were you when you first had intercourse (vaginal or anal)? ______

57. With how many partners have you had sexual intercourse (vaginal or anal)? ______

58. Have you ever had sex with someone who you had known for less than 24 hours?

No    Yes
59. How many times have you had sex with someone you had known for less than 24 hours in your lifetime? ______

60. When having sex in a relationship, how often do you use condoms?

Never
Infrequently
Sometimes
Usually
Always

61. When having sex with someone you are NOT in a relationship with, how often do you use condoms?
Never
Infrequently
Sometimes
Usually
Always

62. Have you, or a partner, ever had an abortion?
   No    Yes

63. Have you ever been diagnosed with a sexually transmitted disease?
   No    Yes

64. Have you ever played the lottery?
   No    Yes

65. Have you ever played card or other games for money?
   No    Yes

66. Have you ever bet on games of chance at a casino?
   No    Yes

67. Have you ever placed a bet at a racetrack?
   No    Yes

68. Have you ever placed a bet on a sports event (other than horse racing) for over $10?
   No    Yes

69. Have you ever lost more money gambling (including playing the lottery) than you could afford?
   No    Yes
NEO-PI-R

This questionnaire contains 240 statements. Please read each item carefully and circle the one answer that best corresponds to your agreement or disagreement. If you *disagree strongly* circle 1, if you *disagree a little* circle 2, if you *neither agree nor disagree* circle 3, if you *agree a little* circle 4, and if you *strongly agree* circle 5. There are no right or wrong answers, and you need not be an expert to complete this questionnaire.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Disagree a little</th>
<th>Neither agree nor disagree</th>
<th>Agree a little</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>1. I am not a worrier.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>2. I really like most people I meet.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>3. I have a very active imagination.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>4. I tend to be cynical and skeptical of others' intentions.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>5. I'm known for my prudence and common sense.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>6. I often get angry at the way people treat me.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>7. I shy away from crowds of people.</td>
<td>1 2 3 4 5</td>
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<td>8. Aesthetic and artistic concerns aren't very important to me.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>9. I'm not crafty or sly.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>10. I would rather keep my options open than plan everything in advance.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>11. I rarely feel lonely or blue.</td>
<td>1 2 3 4 5</td>
<td></td>
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</tbody>
</table>
12. I am dominant, forceful, and assertive. 1 2 3 4 5
13. Without strong emotions, life would be uninteresting to me. 1 2 3 4 5
14. Some people think I'm selfish and egotistical. 1 2 3 4 5
15. I try to perform all the tasks assigned to me conscientiously. 1 2 3 4 5
16. In dealing with other people, I always dread making a social blunder. 1 2 3 4 5
17. I have a leisurely style in work and play. 1 2 3 4 5
18. I'm pretty set in my ways. 1 2 3 4 5
19. I would rather cooperate with others than compete with them. 1 2 3 4 5
20. I am easy-going and lackadaisical. 1 2 3 4 5
21. I rarely overindulge in anything. 1 2 3 4 5
22. I often crave excitement. 1 2 3 4 5
23. I often enjoy playing with theories or abstract ideas. 1 2 3 4 5
24. I don't mind bragging about my talents and accomplishments. 1 2 3 4 5
25. I'm pretty good about pacing myself so as to get things done on time. 1 2 3 4 5
26. I often feel helpless and want someone else to solve my problems. 1 2 3 4 5
27. I have never literally jumped for joy. 1 2 3 4 5
28. I believe letting students hear controversial speakers can only confuse and mislead them.
   1  2  3  4  5

29. Political leaders need to be more aware of the human side of their policies.
   1  2  3  4  5

30. Over the years I've done some pretty stupid things.
    1  2  3  4  5

31. I am easily frightened.
    1  2  3  4  5

32. I don't get much pleasure from chatting with people.
    1  2  3  4  5

33. I try to keep all my thoughts directed along realistic lines and avoid flights of fancy.
    1  2  3  4  5

34. I believe that most people are basically well-intentioned.
    1  2  3  4  5

35. I don't take civic duties like voting very seriously.
    1  2  3  4  5

36. I'm an even-tempered person.
    1  2  3  4  5

37. I like to have a lot of people around me.
    1  2  3  4  5

38. I am sometimes completely absorbed in music I am listening to.
    1  2  3  4  5

39. If necessary, I am willing to manipulate people to get what I want.
    1  2  3  4  5

40. I keep my belongings neat and clean.
    1  2  3  4  5

41. Sometimes I feel completely worthless.
    1  2  3  4  5

42. I sometimes fail to assert myself as much as I should.
    1  2  3  4  5

43. I rarely experience strong emotions.
    1  2  3  4  5
I try to be courteous to everyone I meet.

Sometimes I'm not as dependable or reliable as I should be.

I seldom feel self-conscious when I'm around people.

When I do things, I do them vigorously.

I think it's interesting to learn and develop new hobbies.

I can be sarcastic and cutting when I need to be.

I have a clear set of goals and work toward them in an orderly fashion.

I have trouble resisting my cravings.

I wouldn't enjoy vacationing in Las Vegas.

I find philosophical arguments boring.

I'd rather not talk about myself and my achievements.

I waste a lot of time before settling down to work.

I feel I am capable of coping with most of my problems.

I have sometimes experienced intense joy or ecstasy.

I believe that laws and social policies should change to reflect the needs of a changing world.

I'm hard-headed and tough-minded in my attitudes.

I think things through before coming to a decision.

I rarely feel fearful or anxious.
62. I'm known as a warm and friendly person. 1 2 3 4 5
63. I have an active fantasy life. 1 2 3 4 5
64. I believe that most people will take advantage of you if you let them. 1 2 3 4 5
65. I keep myself informed and usually make intelligent decisions. 1 2 3 4 5
66. I am known as hot-blooded and quick-tempered. 1 2 3 4 5
67. I usually prefer to do things alone. 1 2 3 4 5
68. Watching ballet or modern dance bores me. 1 2 3 4 5
69. I couldn't deceive anyone even if I wanted to. 1 2 3 4 5
70. I am not a very methodical person. 1 2 3 4 5
71. I am seldom sad or depressed. 1 2 3 4 5
72. I have often been a leader of groups I have belonged to. 1 2 3 4 5
73. How I feel about things is important to me. 1 2 3 4 5
74. Some people think of me as cold and calculating. 1 2 3 4 5
75. I pay my debts promptly and in full. 1 2 3 4 5
76. At times I have been so ashamed I just wanted to hide. 1 2 3 4 5
77. My work is likely to be slow but steady. 1 2 3 4 5
78. Once I find the right way to do something, I stick to it. 1 2 3 4 5
<table>
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<tr>
<th></th>
<th>Statement</th>
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</thead>
<tbody>
<tr>
<td>79.</td>
<td>I hesitate to express my anger even when it's justified.</td>
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<tr>
<td>80.</td>
<td>When I start a self-improvement program, I usually let it slide after a few days.</td>
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<td>81.</td>
<td>I have little difficulty resisting temptation.</td>
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<tr>
<td>82.</td>
<td>I have sometimes done things just for &quot;kicks&quot; or &quot;thrills.&quot;</td>
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<tr>
<td>83.</td>
<td>I enjoy solving problems or puzzles.</td>
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<tr>
<td>84.</td>
<td>I'm better than most people, and I know it.</td>
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<tr>
<td>85.</td>
<td>I am a productive person who always gets the job done.</td>
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<td>86.</td>
<td>When I'm under a great deal of stress, sometimes I feel like I'm going to pieces.</td>
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<tr>
<td>87.</td>
<td>I am not a cheerful optimist.</td>
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<tr>
<td>88.</td>
<td>I believe we should look to our religious authorities for decisions on moral issues.</td>
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<td>89.</td>
<td>We can never do too much for the poor and elderly.</td>
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<td>90.</td>
<td>Occasionally I act first and think later.</td>
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<td>91.</td>
<td>I often feel tense and jittery.</td>
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<tr>
<td>92.</td>
<td>Many people think of me as somewhat cold and distant.</td>
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<td>93.</td>
<td>I don't like to waste my time daydreaming.</td>
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<tr>
<td>94.</td>
<td>I think most of the people I deal with are honest and</td>
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</tbody>
</table>
trustworthy.
95. I often come into situations without being fully prepared. 1 2 3 4 5
96. I am not considered a touchy or temperamental person. 1 2 3 4 5
97. I really feel the need for other people if I am by myself for long. 1 2 3 4 5
98. I am intrigued by the patterns I find in art and nature. 1 2 3 4 5
99. Being perfectly honest is a bad way to do business. 1 2 3 4 5
100. I like to keep everything in its place so I know just where it is. 1 2 3 4 5
101. I have sometimes experienced a deep sense of guilt or sinfulness. 1 2 3 4 5
102. In meetings, I usually let others do the talking. 1 2 3 4 5
103. I seldom pay much attention to my feelings of the moment. 1 2 3 4 5
104. I generally try to be thoughtful and considerate. 1 2 3 4 5
105. Sometimes I cheat when I play solitaire. 1 2 3 4 5
106. It doesn't embarrass me too much if people ridicule and tease me. 1 2 3 4 5
107. I often feel as if I'm bursting with energy. 1 2 3 4 5
108. I often try new and foreign foods. 1 2 3 4 5
109. If I don't like people, I let them know it. 1 2 3 4 5
110. I work hard to accomplish my goals. 1 2 3 4 5
111. When I am having my favorite foods, I tend to eat too much. 1 2 3 4 5
112. I tend to avoid movies that are shocking or scary. 1 2 3 4 5
113. I sometimes lose interest when people talk about very abstract, theoretical matters. 1 2 3 4 5
114. I try to be humble. 1 2 3 4 5
115. I have trouble making myself do what I should. 1 2 3 4 5
116. I keep a cool head in emergencies. 1 2 3 4 5
117. Sometimes I bubble with happiness. 1 2 3 4 5
118. I believe that the different ideas of right and wrong that people in other societies have may be valid for them. 1 2 3 4 5
119. I have no sympathy for panhandlers. 1 2 3 4 5
120. I always consider the consequences before I take action. 1 2 3 4 5
121. I'm seldom apprehensive about the future. 1 2 3 4 5
122. I really enjoy talking to people. 1 2 3 4 5
123. I enjoy concentrating on a fantasy or daydream and exploring all its possibilities, letting it grow and develop. 1 2 3 4 5
124. I'm suspicious when someone does something nice for me. 1 2 3 4 5
125. I pride myself on my sound judgment. 1 2 3 4 5
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<tbody>
<tr>
<td>126. I often get disgusted with people I have to deal with.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>127. I prefer jobs that let me work alone without being bothered by other people.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>128. Poetry has little or no effect on me.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>129. I would hate to be thought of as a hypocrite.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>130. I never seem to be able to get organized.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>131. I tend to blame myself when anything goes wrong.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>132. Other people often look to me to make decisions.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>133. I experience a wide range of emotions or feelings.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>134. I'm not known for my generosity.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>135. When I make a commitment, I can always be counted on to follow through.</td>
<td>1</td>
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<tr>
<td>136. I often feel inferior to others.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>137. I'm not as quick and lively as other people.</td>
<td>1</td>
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<tr>
<td>138. I prefer to spend my time in familiar surroundings.</td>
<td>1</td>
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<tr>
<td>139. When I've been insulted, I just try to forgive and forget.</td>
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<td>2</td>
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<tr>
<td>140. I don't feel like I'm driven to get ahead.</td>
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<tr>
<td>141. I seldom give in to my impulses.</td>
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<tr>
<td>142. I like to be where the action is.</td>
<td>1</td>
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<tr>
<td>143. I enjoy working on &quot;mind-twister&quot;-type puzzles.</td>
<td>1</td>
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<tr>
<td>144. I have a very high opinion of myself.</td>
<td>1</td>
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<tr>
<td>145. Once I start a project, I almost always finish it.</td>
<td>1</td>
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</tbody>
</table>
146. It's often hard for me to make up my mind. 1 2 3 4 5
147. I don't consider myself especially "light-hearted." 1 2 3 4 5
148. I believe that loyalty to one's ideals and principles is more important than "open-mindedness." 1 2 3 4 5
149. Human need should always take priority over economic considerations. 1 2 3 4 5
150. I often do things on the spur of the moment. 1 2 3 4 5
151. I often worry about things that might go wrong. 1 2 3 4 5
152. I find it easy to smile and be outgoing with strangers. 1 2 3 4 5
153. If I feel my mind starting to drift off into daydreams, I usually get busy and start concentrating on some work or activity instead. 1 2 3 4 5
154. My first reaction is to trust people. 1 2 3 4 5
155. I don't seem to be completely successful at anything. 1 2 3 4 5
156. It takes a lot to get me mad. 1 2 3 4 5
157. I'd rather vacation at a popular beach than an isolated cabin in the woods. 1 2 3 4 5
158. Certain kinds of music have an endless fascination for me. 1 2 3 4 5
159. Sometimes I trick people into doing what I want. 1 2 3 4 5
160. I tend to be somewhat fastidious or exacting. 1 2 3 4 5
161. I have a low opinion of myself. 1 2 3 4 5
162. I would rather go my own way than be a leader of others.
163. I seldom notice the moods or feelings that different environments produce.

164. Most people I know like me.

165. I adhere strictly to my ethical principles.

166. I feel comfortable in the presence of my bosses or other authorities.

167. I usually seem to be in a hurry.

168. Sometimes I make changes around the house just to try something different.

169. If someone starts a fight, I'm ready to fight back.

170. I strive to achieve all I can.

171. I sometimes eat myself sick.

172. I love the excitement of roller coasters.

173. I have little interest in speculating on the nature of the universe or the human condition.

174. I feel that I am no better than others, no matter what their condition.

175. When a project gets too difficult, I'm inclined to start a new one.

176. I can handle myself pretty well in a crisis.

177. I am a cheerful, high-spirited person.

178. I consider myself broad-minded and tolerant of other people's lifestyles.
179. I believe all human beings are worthy of respect.  
180. I rarely make hasty decisions.  
181. I have fewer fears than most people.  
182. I have strong emotional attachments to my friends.  
183. As a child I rarely enjoyed games of make believe.  
184. I tend to assume the best about people.  
185. I'm a very competent person.  
186. At times I have felt bitter and resentful.  
187. Social gatherings are usually boring to me.  
188. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement.  
189. At times I bully or flatter people into doing what I want them to.  
190. I'm not compulsive about cleaning.  
191. Sometimes things look pretty bleak and hopeless to me.  
192. In conversations, I tend to do most of the talking.  
193. I find it easy to empathize—to feel myself what others are feeling.  
194. I think of myself as a charitable person.  
195. I try to do jobs carefully, so they won't have to be done again.  
196. If I have said or done the wrong thing to someone,
I can hardly bear to face them again.

197. My life is fast-paced. 1 2 3 4 5

198. On a vacation, I prefer going back to a tried and true spot. 1 2 3 4 5

199. I'm hard-headed and stubborn. 1 2 3 4 5

200. I strive for excellence in everything I do. 1 2 3 4 5

201. Sometimes I do things on impulse that I later regret. 1 2 3 4 5

202. I'm attracted to bright colors and flashy styles. 1 2 3 4 5

203. I have a lot of intellectual curiosity. 1 2 3 4 5

204. I would rather praise others than be praised myself. 1 2 3 4 5

205. There are so many little jobs that need to be done that I sometimes just ignore them all. 1 2 3 4 5

206. When everything seems to be going wrong, I can still make good decisions. 1 2 3 4 5

207. I rarely use words like "fantastic!" or "sensational!" to describe my experiences. 1 2 3 4 5

208. I think that if people don't know what they believe in by the time they're 25, there's something wrong with them. 1 2 3 4 5

209. I have sympathy for others less fortunate than me. 1 2 3 4 5

210. I plan ahead carefully when I go on a trip. 1 2 3 4 5

211. Frightening thoughts sometimes come into my head. 1 2 3 4 5

212. I take a personal interest in the people I work with. 1 2 3 4 5

213. I would have difficulty just letting my mind wander 1 2 3 4 5
without control or guidance.

214. I have a good deal of faith in human nature. 1 2 3 4 5

215. I am efficient and effective at my work. 1 2 3 4 5

216. Even minor annoyances can be frustrating to me. 1 2 3 4 5

217. I enjoy parties with lots of people. 1 2 3 4 5

218. I enjoy reading poetry that emphasizes feelings and images more than story lines.

219. I pride myself on my shrewdness in handling people. 1 2 3 4 5

220. I spend a lot of time looking for things I've misplaced. 1 2 3 4 5

221. Too often, when things go wrong, I get discouraged and feel like giving up. 1 2 3 4 5

222. I don't find it easy to take charge of a situation. 1 2 3 4 5

223. Odd things--like certain scents or the names of distant places--can evoke strong moods in me.

224. I go out of my way to help others if I can. 1 2 3 4 5

225. I'd really have to be sick before I'd miss a day of work. 1 2 3 4 5

226. When people I know do foolish things, I get embarrassed for them. 1 2 3 4 5

227. I am a very active person. 1 2 3 4 5

228. I follow the same route when I go someplace. 1 2 3 4 5

229. I often get into arguments with my family and co-workers.
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<tbody>
<tr>
<td>230. I'm something of a &quot;workaholic.&quot;</td>
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<td>2</td>
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<tr>
<td>231. I am always able to keep my feelings under control.</td>
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<td>232. I like being part of the crowd at sporting events.</td>
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<tr>
<td>233. I have a wide range of intellectual interests.</td>
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<td>4</td>
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<tr>
<td>234. I'm a superior person.</td>
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<tr>
<td>235. I have a lot of self-discipline.</td>
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<tr>
<td>236. I'm pretty stable emotionally.</td>
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<tr>
<td>237. I laugh easily.</td>
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<tr>
<td>238. I believe that the &quot;new morality&quot; of permissiveness is no morality at all.</td>
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<td>4</td>
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<tr>
<td>239. I would rather be known as &quot;merciful&quot; than as &quot;just.&quot;</td>
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<td>4</td>
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<tr>
<td>240. I think twice before I answer a question.</td>
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DERS

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item:

1) I am clear about my feelings.
2) I pay attention to how I feel.
3) I experience my emotions as overwhelming and out of control.
4) I have no idea how I am feeling.
5) I have difficulty making sense out of my feelings.
6) I am attentive to my feelings.
7) I know exactly how I am feeling.
8) I care about what I am feeling.
9) I am confused about how I feel.
10) When I’m upset, I acknowledge my emotions.
11) When I’m upset, I become angry with myself for feeling that way.
12) When I’m upset, I become embarrassed for feeling that way.
13) When I’m upset, I have difficulty getting work done.
14) When I’m upset, I become out of control.
15) When I’m upset, I believe that I will remain that way for a long time.
16) When I’m upset, I believe that I’ll end up feeling very depressed.
17) When I’m upset, I believe that my feelings are valid and important.
18) When I’m upset, I have difficulty focusing on other things.
19) When I’m upset, I feel out of control.
20) When I’m upset, I can still get things done.
21) When I’m upset, I feel ashamed with myself for feeling that way.
22) When I’m upset, I know that I can find a way to eventually feel better.
23) When I’m upset, I feel like I am weak.
24) When I’m upset, I feel like I can remain in control of my behaviors.
25) When I’m upset, I feel guilty for feeling that way.
26) When I’m upset, I have difficulty concentrating.
27) When I’m upset, I have difficulty controlling my behaviors.
28) When I’m upset, I believe that there is nothing I can do to make myself feel better.
29) When I’m upset, I become irritated with myself for feeling that way.
30) When I’m upset, I start to feel very bad about myself.
31) When I’m upset, I believe that wallowing in it is all I can do.
32) When I’m upset, I lose control over my behaviors.
33) When I’m upset, I have difficulty thinking about anything else.
34) When I’m upset, I take time to figure out what I’m really feeling.
35) When I’m upset, it takes me a long time to feel better.
36) When I’m upset, my emotions feel overwhelming.
**STAXI**

**Directions:** A number of statements that people use to describe themselves are given below. Read each statement and then circle the number which indicates how you feel or act. Answer items A 1-19 with respect to how you feel right now, items B 11-20 with respect to how you generally feel, and items C 21-44 with respect to how you act when angry or furious.

### A. How I Feel Right Now

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not At All</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel furious.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2. I feel irritated.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I feel angry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>4. I feel like yelling at somebody.</td>
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<tr>
<td>5. I feel like breaking things.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>6. I am mad.</td>
<td>1</td>
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<td>4</td>
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<td>7. I feel like banging on the table.</td>
<td>1</td>
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<tr>
<td>8. I feel like hitting someone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>9. I am burned up.</td>
<td>1</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>10. I feel like swearing.</td>
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### B. How I Generally Feel

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not At All</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very Much</th>
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<tbody>
<tr>
<td>11. I am quick tempered</td>
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<tr>
<td>12. I have a fiery temper</td>
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<tr>
<td>13. I am a hotheaded person</td>
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<tr>
<td>14. I get angry when I am slowed down by others’ mistakes</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>15. I feel annoyed when I am not given recognition for doing good work</td>
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<td>2</td>
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<tr>
<td>16. I fly off the handle</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. When I get mad, I say nasty things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. It makes me furious when I am criticized in front of others</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>19. When I get frustrated, I feel like hitting someone</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>20. I feel infuriated when I do a good job and get a poor evaluation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

C. When Angry or Furious…

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I control my temper</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>22. I express my anger</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<td>23. I keep things in</td>
<td>1</td>
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<td>4</td>
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<td>24. I am patient with others</td>
<td>1</td>
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<td>4</td>
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<tr>
<td>25. I pout or sulk</td>
<td>1</td>
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<td>3</td>
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<td>26. I withdraw from people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>27. I make sarcastic remarks to others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>28. I keep my cool</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>29. I do things like slam doors</td>
<td>1</td>
<td>2</td>
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<tr>
<td>30. I boil inside, but I don’t show it</td>
<td>1</td>
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<td>4</td>
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<tr>
<td>31. I control my behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>32. I argue with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>33. I tend to harbor grudges that I don’t tell anyone about</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>34. I strike out at whatever infuriates me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>35. I can stop myself from losing my temper</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>36. I am secretly quite critical of others</td>
<td>1</td>
<td>2</td>
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<tr>
<td>37. I am angrier than I am willing to admit</td>
<td>1</td>
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<tr>
<td>38. I calm down faster than most other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>39. I say nasty things</td>
<td>1</td>
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<tr>
<td>40. I try to be tolerant and understanding</td>
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<tr>
<td>41. I’m irritated a great deal more that people are aware of</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>42. I lose my temper</td>
<td>1</td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>43. If someone annoys me, I’m apt to tell him or her how I feel</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>44. I control my angry feelings</td>
<td>1</td>
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</tbody>
</table>
Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate all responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

For example:

A. You wake up early one Saturday morning. It is cold and rainy outside.

a) You would telephone a friend to catch up on news. 1-2-3-4-5
   not likely  very likely

b) You would take the extra time to read the paper. 1-2-3-4-5
   not likely  very likely

c) You would feel disappointed that it’s raining. 1-2-3-4-5
   not likely  very likely

d) You would wonder why you woke up so early. 1-2-3-4-5
   not likely  very likely
In the above example, I've rated ALL of the answers by circling a number. I circled a "1" for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning -- so it's not at all likely that I would do that. I circled a "5" for answer (b) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't -- it would depend on what I had planned. And I circled a "4" for answer (d) because I would probably wonder why I had awakened so early.

Please do not skip any items -- rate all responses.

1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up.

   a) You would think: "I'm inconsiderate." 1---2---3---4---5
      not likely  very likely

   b) You would think: "Well, they'll understand." 1---2---3---4---5
      not likely  very likely

   c) You'd think you should make it up to him as soon 1---2---3---4---5
      as possible.
      not likely  very likely

   d) You would think: "My boss distracted me just 1---2---3---4---5
      before lunch." not likely  very likely
2. You break something at work and then hide it.

a) You would think: "This is making me anxious. I need to either fix it or get someone else to." not likely very likely

b) You would think about quitting. not likely very likely

c) You would think: "A lot of things aren't made very well these days." not likely very likely

d) You would think: "It was only an accident." not likely very likely

3. You are out with friends one evening, and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy you company.

a) You would think: "I should have been aware of what my best friend is feeling." not likely very likely

b) You would feel happy with your appearance and not likely very likely
personality.

not likely very likely

c) You would feel pleased to have made such a good impression.

not likely very likely

d) You would think your best friend should pay attention to his/her spouse.

not likely very likely

e) You would probably avoid eye-contact for a long time.

not likely very likely

4. At work, you wait until the last minute to plan a project, and it turns out badly.

a) You would feel incompetent.

not likely very likely

b) You would think: "There are never enough hours in the day."

not likely very likely

c) You would feel: "I deserve to be reprimanded for mismanaging the project."

not likely very likely
d) You would think: "What's done is done." 1---2---3---4---5
not likely very likely

5. You make a mistake at work and find out a co-worker is blamed for the error.

a) You would think the company did not like the co-worker. 1---2---3---4---5
not likely very likely

b) You would think: "Life is not fair." 1---2---3---4---5
not likely very likely

c) You would keep quiet and avoid the co-worker. 1---2---3---4---5
not likely very likely

d) You would feel unhappy and eager to correct the situation. 1---2---3---4---5
not likely very likely

6. For several days you put off making a difficult phone call. At the last minute you make the call and are able to manipulate the conversation so that all goes well.

a) You would think: "I guess I'm more persuasive than I thought." 1---2---3---4---5
not likely very likely
b) You would regret that you put it off.  
\[1-2-3-4-5\]
not likely  very likely

c) You would feel like a coward.  
\[1-2-3-4-5\]
not likely  very likely

d) You would think: "I did a good job."  
\[1-2-3-4-5\]
not likely  very likely

e) You would think you shouldn't have to make calls you feel pressured into.  
\[1-2-3-4-5\]
not likely  very likely

7. While playing around, you throw a ball and it hits your friend in the face.

a) You would feel inadequate that you can't even throw a ball.  
\[1-2-3-4-5\]
not likely  very likely

b) You would think maybe your friend needs more practice at catching.  
\[1-2-3-4-5\]
not likely  very likely

c) You would think: "It was just an accident."  
\[1-2-3-4-5\]
not likely  very likely
d) You would apologize and make sure your friend feels better. 
not likely very likely

8. You have recently moved away from your family, and everyone has been very helpful. A few times you needed to borrow money, but you paid it back as soon as you could.

a) You would feel immature. 
not likely very likely

b) You would think: "I sure ran into some bad luck." 
not likely very likely

c) You would return the favor as quickly as you could. 
not likely very likely

d) You would think: "I am a trustworthy person." 
not likely very likely

e) You would be proud that you repaid your debts. 
not likely very likely
9. You are driving down the road, and you hit a small animal.

a) You would think the animal shouldn't have been on the road. not likely very likely

b) You would think: "I'm terrible." not likely very likely

c) You would feel: "Well, it was an accident." not likely very likely

d) You'd feel bad you hadn't been more alert driving down the road. not likely very likely

10. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

a) You would think: "Well, it's just a test." not likely very likely

b) You would think: "The instructor doesn't like me." not likely very likely
c) You would think: "I should have studied harder."  
1---2---3---4---5

not likely  very likely

d) You would feel stupid.  
1---2---3---4---5

not likely  very likely

11. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.

a) You would feel the boss is rather short-sighted.  
1---2---3---4---5

not likely  very likely

b) You would feel alone and apart from your colleagues.  
1---2---3---4---5

not likely  very likely

c) You would feel your hard work had paid off.  
1---2---3---4---5

not likely  very likely

d) You would feel competent and proud of yourself.  
1---2---3---4---5

not likely  very likely

e) You would feel you should not accept it.  
1---2---3---4---5

not likely  very likely
12. While out with a group of friends, you make fun of a friend who's not there.

a) You would think: "It was all in fun; it's harmless." 1---2---3---4---5
   not likely  very likely

b) You would feel small...like a rat. 1---2---3---4---5
   not likely  very likely

c) You would think that perhaps that friend should have been there to defend himself/herself. 1---2---3---4---5
   not likely  very likely

d) You would apologize and talk about that person's good points. 1---2---3---4---5
   not likely  very likely

13. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

a) You would think your boss should have been more clear about what was expected of you. 1---2---3---4---5
   not likely  very likely

b) You would feel like you wanted to hide. 1---2---3---4---5
   not likely  very likely
c) You would think: "I should have recognized the problem and done a better job." not likely very likely

d) You would think: "Well, nobody's perfect." not likely very likely

14. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.

a) You would feel selfish and you'd think you are basically lazy. not likely very likely

b) You would feel you were forced into doing something you did not want to do. not likely very likely

c) You would think: "I should be more concerned about people who are less fortunate." not likely very likely

d) You would feel great that you had helped others. not likely very likely

e) You would feel very satisfied with yourself. not likely very likely
15. You are taking care of your friend's dog while they are on vacation and the dog runs away.

a) You would think, "I am irresponsible and incompetent." 1---2---3---4---5

b) You would think your friend must not take very good care of their dog or it wouldn't have run away. 1---2---3---4---5

c) You would vow to be more careful next time. 1---2---3---4---5

d) You would think your friend could just get a new dog. 1---2---3---4---5

16. You attend your co-worker's housewarming party and you spill red wine on their new cream-colored carpet, but you think no one notices.

a) You think your co-worker should have expected 1---2---3---4---5
some accidents at such a big party.  
not likely  very likely

b) You would stay late to help clean up the stain  
after the party.  
not likely  very likely

c) You would wish you were anywhere but at  
the party.  
not likely  very likely

d) You would wonder why your co-worker chose to  
serve red wine with the new light carpet.  
not likely  very likely
**Personal Feelings Questionnaire**

For each of the following listed feelings, to the left of the item number, please place a number from 0 to 4, reflecting how common the feeling is for you.

4 = you experience the feeling continuously or almost continuously

3 = you experience the feeling frequently but not continuously

2 = you experience the feeling some of the time

1 = you experience the feeling rarely

0 = you never experience the feeling

___1. embarrassment

___2. mild guilt

___3. feeling ridiculous

___4. worry about hurting or injuring someone

___5. sadness

___6. self-consciousness

___7. feeling humiliated

___8. intense guilt
9. euphoria

10. feeling "stupid"

11. regret

12. feeling "childish"

13. mild happiness

14. feeling helpless, paralyzed

15. depression

16. feelings of blushing

17. feeling you deserve criticism for what you did

18. feeling laughable

19. rage

20. enjoyment

21. feeling disgusting to others
22. Remorse
Directions: Below is a list of statements describing situations you may experience from time to time. Following each situation are four statements describing possible reactions to the situation. Read each statement carefully and circle the number to the left of the item that indicates the frequency with which you find yourself reacting in that way. Use the scale below. Please respond to all four items for each situation.

SCALE

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>SELDOM</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
<td>ALMOST</td>
</tr>
</tbody>
</table>

A. When an activity makes me feel like my strength or skill is inferior:

1 2 3 4 5 1. I don’t let it bother me.
1 2 3 4 5 2. I get mad at myself for not being good enough.
1 2 3 4 5 3. I withdraw from the activity.
1 2 3 4 5 4. I get irritated with other people.

B. In competitive situations where I compare myself with others:
1 2 3 4 5  5. I criticize myself.
1 2 3 4 5  6. I try not to be noticed.
1 2 3 4 5  7. I feel ill will toward the others.
1 2 3 4 5  8. I ignore my mistakes.

C. In situations where I feel insecure or doubt myself:
1 2 3 4 5  9. I shrink away from others.
1 2 3 4 5  10. I blame other people for the situation.
1 2 3 4 5  11. I act more confident than I am.
1 2 3 4 5  12. I feel irritated with myself.

D. At times when I am unhappy with how I look:
1 2 3 4 5  13. I take it out on other people.
1 2 3 4 5  14. I pretend I don’t care.
1 2 3 4 5  15. I feel annoyed at myself.
1 2 3 4 5  16. I keep away from other people.

E. When I make an embarrassing mistake in public:
1 2 3 4 5  17. I hide my embarrassment with a joke.
1 2 3 4 5  18. I blame myself for not being more careful.
1 2 3 4 5  19. I wish I could avoid being noticed.
1 2 3 4 5  20. I get mad at whoever embarrassed me.

F. When I feel lonely or left out:
1 2 3 4 5  21. I put myself down.
1 2 3 4 5  22. I pull away from others.
1 2 3 4 5  23. I blame other people for excluding me.
24. I don’t let it show.

G. When I feel others think poorly of me:

25. I feel like being by myself.
26. I want to point out their faults.
27. I deny there is any reason for me to feel bad.
28. I am aggravated by my mistakes.

H. When I think I have disappointed other people:

29. I get mad at them for expecting so much.
30. I cover my feelings with a joke.
31. I get down on myself.
32. I remove myself from the situation.

I. When I feel rejected by someone:

33. I soothe myself with distractions.
34. I repeatedly think about my imperfections.
35. I withdraw from the situation.
36. I get angry with them.

J. When other people point out my faults:

37. I get frustrated with myself for having them.
38. I feel like I’m shrinking.
39. I point out their faults.
40. I try not to feel bad.

K. When I feel humiliated:
41. I isolate myself from other people.
42. I get mad at people for making me feel this way.
43. I cover up the humiliation by keeping busy.
44. I get angry with myself.

L. When I feel guilty:
45. I push the feeling back on those who make me feel this way.
46. I disown the feeling.
47. I feel unworthy of being around other people.
48. I want to be alone.
49. When an activity makes me feel like my strength or skill is inferior, I think of ways to improve myself in that area.
50. In situations where I feel insecure or doubt myself, I try to evaluate my abilities realistically.
51. When I make an embarrassing mistake in public, I remind myself that everyone makes mistakes.
52. When I feel lonely or left out, I talk to a friend.
53. When I feel others think poorly of me, I try to understand why they may think that way.
54. When I think I have disappointed other people, I consider whether there is something I should do to make things right.
55. When I feel rejected by someone, I spend time with other friends.
56. When other people point out my faults, I think about how I might change.
57. When I feel humiliated, I think about what I can do to change the situation.

58. When I feel guilty, I try to make amends.
# UPPS-P

Below are a number of statements that describe ways in which people act and think. For each statement, please indicate how much you agree or disagree with the statement. If you **Agree Strongly** circle 1, if you **Agree Somewhat** circle 2, if you **Disagree somewhat** circle 3, and if you **Disagree Strongly** circle 4. Be sure to indicate your agreement or disagreement for every statement below. Also, there are questions on the following pages.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have a reserved and cautious attitude toward life.</td>
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<tr>
<td>2. I have trouble controlling my impulses.</td>
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<tr>
<td>3. I generally seek new and exciting experiences and sensations.</td>
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<td>4</td>
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<tr>
<td>4. I generally like to see things through to the end.</td>
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<tr>
<td>5. When I am very happy, I can’t seem to stop myself from doing things that can have bad consequences.</td>
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<tr>
<td>6. My thinking is usually careful and purposeful.</td>
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<td>7. I have trouble resisting my cravings (for food, cigarettes, etc.).</td>
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<td>8. I'll try anything once.</td>
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<tr>
<td>9. I tend to give up easily.</td>
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<td>10. When I am in great mood, I tend to get into situations that could cause me problems.</td>
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<tr>
<td>11. I am not one of those people who blurt out things without thinking.</td>
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<tr>
<td>12. I often get involved in things I later wish I could get out of.</td>
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</tbody>
</table>
13. I like sports and games in which you have to choose your next move very quickly. 1 2 3 4
14. Unfinished tasks really bother me. 1 2 3 4
15. When I am very happy, I tend to do things that may cause problems in my life. 1 2 3 4
16. I like to stop and think things over before I do them. 1 2 3 4
17. When I feel bad, I will often do things I later regret in order to make myself feel better now. 1 2 3 4
18. I would enjoy water skiing. 1 2 3 4
19. Once I get going on something I hate to stop. 1 2 3 4
20. I tend to lose control when I am in a great mood. 1 2 3 4
21. I don't like to start a project until I know exactly how to proceed. 1 2 3 4
22. Sometimes when I feel bad, I can’t seem to stop what I am doing even though it is making me feel worse. 1 2 3 4
23. I quite enjoy taking risks. 1 2 3 4
24. I concentrate easily. 1 2 3 4
25. When I am really ecstatic, I tend to get out of control. 1 2 3 4
26. I would enjoy parachute jumping. 1 2 3 4
27. I finish what I start. 1 2 3 4
28. I tend to value and follow a rational, "sensible" approach to things. 1 2 3 4
29. When I am upset I often act without thinking.  
30. Others would say I make bad choices when I am extremely happy about something.  
31. I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional.  
32. I am able to pace myself so as to get things done on time.  
33. I usually make up my mind through careful reasoning.  
34. When I feel rejected, I will often say things that I later regret.  
35. Others are shocked or worried about the things I do when I am feeling very excited.  
36. I would like to learn to fly an airplane.  
37. I am a person who always gets the job done.  
38. I am a cautious person.  
39. It is hard for me to resist acting on my feelings.  
40. When I get really happy about something, I tend to do things that can have bad consequences.  
41. I sometimes like doing things that are a bit frightening.  
42. I almost always finish projects that I start.  
43. Before I get into a new situation I like to find out what to expect from it.  
44. I often make matters worse because I act without thinking when I am upset.  
45. When overjoyed, I feel like I can’t stop myself.
from going overboard.

46. I would enjoy the sensation of skiing very fast down a high mountain slope.

47. Sometimes there are so many little things to be done that I just ignore them all.

48. I usually think carefully before doing anything.

49. When I am really excited, I tend not to think of the consequences of my actions.

50. In the heat of an argument, I will often say things that I later regret.

51. I would like to go scuba diving.

52. I tend to act without thinking when I am really excited.

53. I always keep my feelings under control.

54. When I am really happy, I often find myself in situations that I normally wouldn’t be comfortable with.

55. Before making up my mind, I consider all the advantages and disadvantages.

56. I would enjoy fast driving.

57. When I am very happy, I feel like it is ok to give in to cravings or overindulge.

58. Sometimes I do impulsive things that I later regret.

59. I am surprised at the things I do while in a great mood.
Adapted Five Factor Model Rating Form

Please describe your peer on a 1 to 5 scale on each of the following 30 personality traits relative to others you know, where 1 is extremely low (i.e., extremely lower than the average person), 2 is low, 3 is neither high nor low (i.e., does not differ from the average person), 4 is high and 5 is extremely high. Use any number from 1 to 5. Please provide a rating for all 30 traits.

For example, on the first trait (anxiousness), a score of 1 would indicate that you think he/she is extremely low in anxiousness (i.e., relaxed, unconcerned, cool). A score of 2 would indicate that you think he/she is low in anxiousness (lower than the average person, but not extremely low). A score of 5 would indicate that you think he/she is extremely high in anxiousness (i.e., fearful, apprehensive); a score of 4 would indicate you think he/she is higher than the average person in anxiousness, but not extremely high. A score of 3 would indicate that you think he/she is neither high nor low in anxiousness (does not differ from the average person) or that you are unable to decide. Circle the number that applies to the individual for each of the 30 traits.

5= Extremely high
4= High
3= Neither high nor low
2= Low
1=Extremely Low

Neuroticism as compared to Emotional Stability:

1. Anxiousness  
   5 4 3 2 1  (relaxed, unconcerned, cool)
(fearful, apprehensive)

2. **Angry Hostility**  
   5 4 3 2 1  (even-tempered)  
   (angry, bitter)

3. **Depressiveness**  
   5 4 3 2 1  (optimistic)  
   (pessimistic, glum)

4. **Self-consciousness**  
   5 4 3 2 1  (self-assured, glib, shameless)  
   (timid, embarrassed)

5. **Impulsivity**  
   5 4 3 2 1  (controlled, restrained)  
   (tempted, urgency)

6. **Vulnerability**  
   5 4 3 2 1  (clear-thinking, fearless, unflappable)  
   (helpless, fragile)

---

**Extraversion as compared to Introversion:**

7. **Warmth**  
   5 4 3 2 1  (cold, aloof, indifferent)  
   (cordial, affectionate, attached)

8. **Gregariousness**  
   5 4 3 2 1  (withdrawn, isolated)  
   (sociable, outgoing)

9. **Assertiveness**  
   5 4 3 2 1  (unassuming, quiet, resigned)  
   (dominant, forceful)

10. **Activity**  
    5 4 3 2 1  (passive, lethargic)  
    (vigorous, energetic, active)

11. **Excitement-Seeking**  
    5 4 3 2 1  (cautious, monotonous, dull)
12. **Positive Emotions**  

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(placid, anhedonic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>high-spirited</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Openness as compared to Closedness to one’s own Experience:**

13. **Fantasy**  

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(practical, concrete)</th>
</tr>
</thead>
<tbody>
<tr>
<td>dreamer, unrealistic, imaginative</td>
<td></td>
<td></td>
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</tbody>
</table>

14. **Aesthetics**  

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(uninvolved, no aesthetic interests)</th>
</tr>
</thead>
<tbody>
<tr>
<td>aberrant interests, aesthetic</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

15. **Feelings**  

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(constricted, unaware, alexythmic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>self-aware</td>
<td></td>
<td></td>
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</table>

16. **Actions**  

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(routine, predictable, habitual, stubborn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>unconventional, eccentric</td>
<td></td>
<td></td>
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</table>

17. **Ideas**  

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(pragmatic, rigid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>strange, odd, peculiar, creative</td>
<td></td>
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<td></td>
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</tbody>
</table>

18. **Values**  

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(traditional, inflexible, dogmatic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>permissive, broad-minded</td>
<td></td>
<td></td>
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</table>

**Agreeableness as compared to Antagonism:**

19. **Trust**  

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(skeptical, cynical, suspicious, paranoid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>gullible, naïve, trusting</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
20. **Straightforwardness** 5 4 3 2 1 (cunning, manipulative, deceptive)
   (confiding, honest)

21. **Altruism** 5 4 3 2 1 (stingy, selfish, greedy, exploitative)
   (sacrificial, giving)

22. **Compliance** 5 4 3 2 1 (oppositional, combative, aggressive)
   (docile, cooperative)

23. **Modesty** 5 4 3 2 1 (confident, boastful, arrogant)
   (meek, self-effacing, humble)

24. **Tender-Mindedness** 5 4 3 2 1 (tough, callous, ruthless)
   (soft, empathetic)

**Conscientiousness as compared to Undependability:**

25. **Competence** 5 4 3 2 1 (lax, negligent)
   (perfectionistic, efficient)

26. **Order** 5 4 3 2 1 (haphazard, disorganized, sloppy)
   (ordered, methodical, organized)

27. **Dutifulness** 5 4 3 2 1 (casual, undependable, unethical)
   (rigid, reliable, dependable)

28. **Achievement** 5 4 3 2 1 (aimless, desultory)
   (workaholic, ambitious)

29. **Self-Discipline** 5 4 3 2 1 (hedonistic, negligent)
(dogged, devoted)

30. **Deliberation**

   5  4  3  2  1  (hasty, careless, rash)

   (cautious, ruminative, reflective)

For the next few questions, describe your peer on his/her traits regarding his/her emotional experiences **WHEN HE/SHE IS UPSET**. Circle 5 if the statement is Strongly True, 4 for Slightly True, 3 For Neutral or you Don’t Know, 2 for Slightly Untrue, and 1 for Strongly Untrue.

5 = Strongly Untrue

4 = Slightly True

3 = Neither high nor low

2 = Slightly Untrue

1 = Strongly Untrue

31. **He/She experiences emotions as overwhelming and out of control**

   (Strongly True)  5  4  3  2  1  (Strongly Untrue)

32. **When he/she is upset, he/she has difficulty controlling behaviors**

   (Strongly True)  5  4  3  2  1  (Strongly Untrue)