1 Initial Phone-screening for Multi-centre Trial

"As you know this study is designed to compare two treatments for people who have been depressed and experienced suicidal thoughts in the past, but who are now feeling well. Before we go into a lot of details it's probably a good idea if we run through a few questions to check that this is the case for you and that you'd be eligible to take part. Is that ok for you?"
Verbal consent for telephone screening given ❒

Can you tell me how you heard about the study? _____

This study is for people aged 18 to 70. Can I just make sure that you are within this age range?
If **Yes**: Continue If **No**: Exclude

*"The first questions I need to ask are about how you have been feeling in the **past two months**……"*
Current Depression

1. **"In the last two months has there been a period of time when you felt down or depressed, most of the day, for several days?"**

No **Yes**: "**How long did it last, as long as one week?**"
No **Yes** : Exclude ❒

2. **"Has it been difficult for you to enjoy doing things you would normally enjoy in the past two months?" (for example watching TV, seeing friends, reading a book, other hobbies and activities?)**

No **Yes**: "**Was that nearly every day?**
"Did that last as long as one week?"
No **Yes:** Exclude ❒

IF PARTICIPANT IS CURRENTLY WELL THEN MOVE TO SCREENING OF PAST DEPRESSIVE SYMPTOMS.

If participant is excluded due to sad mood in the preceding two months ask when thoughts / low mood were last present, whether it/ they are still currently present. If thoughts/ low mood are currently present ascertain risk and ask whether the individual is receiving care or has sources of support.

Advised to contact GP or other care ❒ Currently in care ❒

Thank individual for expressing interest in the research. Inform participant that they if they start to feel well or continue to feel well over the coming months they would be eligible to participate once they had remained well for two months, and would be very welcome to contact the research team again at a later date.

Advised participant to re-contact research team when well for 2 months ❒

Past Depression
"Now I need to ask you a few questions about periods of time in the past when you may have experienced symptoms like the ones we have just been talking about. Is that ok?"

1. In the past has there been a period of time when you felt down or depressed, most of the day, nearly every day?

No **Yes**: **Did that last as long as two weeks?** **Yes:** (move to no. of episodes)
No (continue with question 2)

2. How about a period of time during which you lost interest or pleasure in things you would usually enjoy?
(e.g. being unable to enjoy watching TV, reading, being with friends or other hobbies or activities)

Yes: **No** → Exclude

Did that last as long as two weeks?

Yes **No** → Exclude

↓

3. How many times do you think you have felt like this in the past? Did you suffer from two or more episodes during the last five years? When was your last episode?

Min 3 episodes, 1 in last 2 years, 2 in last 5 years. *Smaller number*: Exclude
(or if unsure)

↓

4. Did you ever have cognitive behavioural therapy?

Yes **No:** Move to other exclusions

↓

Have you been depressed again since then?

No **Yes:** Move to other exclusions

↓

INFORMATION FOR THOSE EXCLUDED
"In this trial we are testing how good this treatment is for a rather specific set of problems, and from what you've said the (*problems you've had which have led to your interest in the trial* – use participants own descriptor) are a bit different from this, which unfortunately means that you wouldn't be eligible to take part right now. However these types of treatments we are investigating may be helpful to you and what I could do is give you details of places where they are being offered locally.
Offer alternative information ❒

Information for Participants on Other Exclusion Criteria

"*From what you've said it sounds like the (periods of depression you've experienced – use own words) would make you eligible to take part in this treatment trial. However it's quite common for depression and suicidal thoughts to go along with other problems, and we've found that the treatment is* ***not helpful*** *for people who also have certain of these other problems."*

"If you decide you'd be interested in taking part and come to the initial assessment for this study, we will ask you a number to questions to make sure that the treatments are suitable for you. However I can quickly describe to you the types of problems that people sometimes have, which would make taking part in this trial unsuitable for them. This would give you a better idea of whether or not you'd like to go further with this"

"*Our past experience suggests that the treatments are unlikely to be helpful for you if you have major problems with alcohol or drugs or if you have major difficulties with issues around food and eating (for example an eating disorder like bulimia or anorexia). They are also unlikely to be suitable for you if you have schizophrenia. Some people are bothered a lot by thoughts that they don't want to have but which keep on coming back into their mind even though they try not to have them, or by finding that they have to do things over and over again without being able to resist doing them (like checking things or washing their hands again and again). If either of these is a problem for you then taking part in this trial may not be helpful. The classes are also not suitable for people who experience extreme highs (known as manic periods which last for more than one week) - as well as periods of low mood and depression. Finally, you may find it difficult to benefit fully from the classes if you have a learning disability or are not fluent in speaking and understanding English."*

"*That's a long list – was there anything you wanted to discuss there? If you're interested in taking part but are unclear about whether or not the treatments are likely to help you then I'd recommend you to come in and discuss it in more detail with a member of our group, at the first assessment to find out whether the treatment is likely to be good for you*"

Not suitable because (tick box if reason offered):

Substance Misuse	❒	Eating Disorder	❒	OCD	❒
Schizophrenia	❒	Bipolar Disorder	❒		

Participant indicated that they were not suitable but did not disclose reason for ineligibility: ❒

"*Now we've run through all the eligibility questions is there anything that you'd like to ask me about what participation in this study would involve, for example about the assessments, how people are randomly allocated to treatment or what the treatments would involve*?"

"*Ok, do you think you'd like to make an appointment to come in now, or would you like to have a think about it and then call us back if you have any more questions or are interested in taking part*?"

2 Consent Form

UNIVERSITY OF OXFORD
DEPARTMENT OF PSYCHIATRY

WARNEFORD HOSPITAL
OXFORD
OX3 7JX

TEL: (01865) 226468
FAX: (01865) 793101

FREE PHONE: 0800 0836130*
*call is free (from landlines only)

CONSENT FORM

Project Title: Staying well after depression: a randomised trial
Principal Investigator: Professor Mark Williams

Please initial box

I confirm that I have read and understand the information sheet dated ..... (version .....) for the above study. I have had the opportunity to consider the information, ask questions and have had any questions I asked answered satisfactorily. ☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. ☐

I agree to the assessment sessions being audiotaped. ☐

I agree to the treatment sessions being videotaped for supervision and training purposes. I understand that no participant will be visible on the tapes, and no identifying information about participants will be given when using the tapes. ☐

I understand that relevant data collected during the study may be looked at by individuals from the research team, as well as from responsible members of the University of Oxford and the NHS Trust for the purpose of audit and monitoring, and where it is relevant to my taking part in this research, I give permission for these individuals to have access to my record. ☐

I understand that personal data will be identified using only a number code and will be destroyed after a period of 10 years. ☐

I understand that all information will be kept strictly confidential within the limits of the law except in the rare circumstances in which it is judged that I or someone else is at immediate risk of serious harm. ☐

I agree to my GP being informed of my participation in the study and to additional information required for monitoring my progress in the trial to be accessed by the research team. ☐

I agree to be randomly allocated to receive either CPE, MBCT or to wait for treatment. ☐

I agree to take part in the above study. ☐

_____	_____	_____
Name of Patient	Date	Signature
_____	_____	_____
Researcher	Date	Signature

3 Demographics Questionnaire

I would like to start this study with a clinical interview. The purpose of this interview is to hear about your mood and any psychological symptoms you may have suffered from over the past years. In doing the interview, I will follow a written guideline and read most of the questions to you. This is to assure that we ask you for information precisely and to make it easier for you to answer. If you have difficulties with any of the questions, please do not hesitate to ask for clarification.

Date ___/___/_____ *Participant ID* _____

Time: _____

Sociodemographic Data

Current Age:_____

Date of birth: ___/___/_____

Gender: female ❒ male ❒

Participant Details:

Landline:

Mobile:

Preferred number:

Time to call:_____

- No message
- Name and number only
- Full message ok

Email:

Address:

Alternative Contact (only to be contacted if we lose touch with you)

Name:

Relationship to participant:

Telephone number/email/address:

Should we:

- Leave name only with this person
- Mention why we are calling (e.g. re stress reduction classes

["Sometimes it is helpful if your contact knows that we have their details so that they are happier to pass on a message or give us new contact details for you. If you're not happy to talk about the project with them we will just ring up and leave a message for you with our name and number"].

GP Contact Information (to send info sheet about study)

Name of GP:_____

Practice:_____

Education and Work History

How many years did you spend in full-time education? E.g., age 5-16 would be 11 years. Add on any years spent in full time education as an adult.

_____ years in full-time education

Do you have any qualifications or exams?

▪ *Qualifications*

Please rate highest educational achievement:

1. PhD, Dr, Dphil
2. MA, MSc, Mhil, MBA
3. Professional qualification – Please specify & ask what level it is equivalent to if unclear
4. BA, BSc, Bed
5. A levels or equivalent
6. GCSE, O levels, GNVQ
7. No formal qualifications
8. Other (specify)

(age achieved_____)

If started but then did not complete a qualification-why?_____

Are you working now? Is that full-time?

If so, what kind of work do you do?

(Do you work outside of your home?)

Job title: _____

Brief description of duties:_____
_____

Current employment: full-time/ part-time/ self-employed/ on sick leave/ on disability/ retired/ unemployed

If on sick leave, is this due to physical or psychiatric problems or both?
_____

If retired? Is that due to physical or psychiatric problems or both?_____

If not employed, is this because of physical or psychiatric problems or both?

_____

Code of employment as follows:

1 Professional (i.e. nurse, doctor, lawyer, psychologist, teacher, social worker, architect, accountant, engineer)

2 White Collar (i.e., clerk, secretary, salesperson, bookkeeper, middle manager)

3 Blue Collar (i.e., technician, laborer, mechanic, driver, canteen sales, child care)

4 Student

5 Homemaker (and/or full-time child carer)

6 Unemployed - If unemployed please give code for

previous occupation: _____

or tick here if no previous occupation

IF CURRENTLY WORKING: How long have you worked in your current job?

IF LESS THAN 6 MONTHS: Why did you leave your last job?

Have you always done that kind of work?

If not working, how are you supporting yourself now?

IF UNKNOWN: Has there ever been a significant period of time when you were unable to work or go to school?

IF YES: Why was that?

Because of psychological or

Emotional problems?

Marital Status:

- ❒ Currently in a relationship
- ❒ Currently not in a relationship
- ❒ Single
- ❒ Cohabiting
- ❒ Married
- ❒ Separated
- ❒ Divorced
- ❒ Widowed

Do you have any children? Yes-how many?_____

Who do you live with?_____

Ethnic background:

- ❒ Asian or Asian British
  - o Indian
  - o Bangladeshi
  - o Pakistani
  - o Other Asian background
- ❒ Black or Black British
  - o Caribbean
  - o African
  - o Other Black background
- ❒ Chinese or other ethnic group
  - o Chinese
  - o Any other ethnic group
- ❒ Mixed
  - o White and Black Caribbean
  - o White and Black African
  - o White and Asian
  - o Any other Mixed background
- ❒ White
  - o British
  - o Irish
  - o Any other White background

What is your first language?_____

4 SCID-Current Major Depressive Episode (Recovery Criteria)

To begin with, I would like to ask you some questions about your mood.
In the last two months …

1. … has there been a period of time when you were feeling depressed or down most of the day nearly every day *(What was that like?)* IF YES: *How long did it last? As long as one week?*	(1) depressed mood most of the day, nearly every day, as indicated either by subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).	**? 1 2 3**
2.… what about losing interest or pleasure in things you usually enjoyed? IF YES: *Was it nearly every day? How long did it last? (As long as one week)*	(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others).	**? 1 2 3**

IF (1) OR (2) IS CODED "3", say *'I'd like to ask you now about some other symptoms you may have experienced over the past two months……'*

IF NEITHER (1) OR (2) IS CODED "3" CHECK (9) *** *and if presence of suicidal thoughts is endorsed return here to ask about other symptoms of depression…….*

For the following SCID questions, focus on the worst week in the past two months.
During this (one-week period)…

3.… did you lose or gain any weight? (How much?) (Were you trying to lose weight?) IF NO: *How was your appetite compared to your usual appetite? (Did you have to force yourself to eat?) (Eat [less/more] than usual?) (Was that nearly every day?)*	(3) significant weight loss when not dieting, or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day. Check if: ❒ weight loss or decreased appetite ❒ weight gain or increased appetite	**? 1 2 3**
	A. IF TWO OR MORE ITEMS ARE CODED "3" AND ONE OF THEM IS (1) OR (2) OR (9) SCORE "3"	**? 1 3**
IF UNCLEAR: *Has* (depressive episode/OWN EQUIVALENT) *made it hard for you to do your work, take care of things at home, or get along with other people?*	B. The symptoms cause clinically significant distress or impairment in social occupational, or other important areas of functioning	**? 1 2 3**
Just before this began, were you physically ill? IF YES: *What did the doctor say?* *Just before this began, were you using any medication?* IF YES: *Any change in amount you were using?* *Just before this began, were you drinking or using any street drugs?*	C. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition (e.g., hypothyroidism)	**? 1 3**
Did this begin soon after someone close to you died?	D. Not better accounted for by [Simple] Bereavement PARTICIPANT DOES NOT	**? 1 3**

	MEET RECOVERY CRITERA (CRITERIA A, B, C AND D ARE CODED "3")	**YES NO**
When did this episode begin?	Begin: ___/____ (mm/yy)	
	IF PARTICIPANT DOES NOT MEET RECOVERY CRITERIA	=> **EXCLUDE**

Are you taking anti-depressant medication at the moment? Any other medication that could influence your mood?

5 SCID Screening Questionnaire

Now, I would now like to ask you some questions about other problems you may have had. We'll go into more detail about them later.

Respond to positives with: *We'll talk more about that later.*

For all questions if answer is *"yes"* you can probe a bit further in order to fully check whether you need to do the SCID module. One general question is *"does this significantly interfere with your life/ cause you significant distress?"*

These questions below are only a guide and you should not restrict yourself to them. If you are in any doubt you should use the full SCID module

Alcohol- **How much alcohol have you drank in the last week? Is this typical?** Record number of units typically drunk: 1 unit = half glass ordinary strength beer, 1 small glass wine, 1 small/single measure spirits **Was there ever a period in your life when you drank too much and:** **a) alcohol caused problems for you (probe: controlling drinking, work, family, friends, financially)? Or;** **b) someone else objected to your drinking or thought that it was a problem for you?** (Interfere daily life? Drinking or hangover? When? How much? Increased tolerance? Withdrawal symptoms?)	1 2 3 If yes, to a) or b) circle "yes" on E.1 and assess alcohol problems
Substance Use- **Have you ever regularly or frequently used street drugs and:** **a) Have drugs caused problems for you (work, family, friends, financially)? Or;** **b) Has anyone else objected to your taking drugs or thought drugs were a problem for you?** (so-called "recreational" drugs. Was there repeated use? 10 times per month?) ***If ever taken heroin or crack, or currently taking drugs of any kind, definitely do module***	1 2 3 If yes, to a) or b) or c) circle "yes" on E. 10 and assess substance abuse
Substance Use- **Have you ever gotten 'hooked' on a prescribed medicine or taken a lot more of it than you were supposed?**	1 2 3 If yes, to a) or b) or c) circle "yes" on E. 10 and assess substance abuse
Panic disorder- **Have you ever had a panic attack, when you suddenly felt frightened or anxious or suddenly developed a lot of physical symptoms?** (Ever out-of-the blue? What were you afraid would happen? Can you tell me about a recent one? Have in mind what a panic attack is – sudden increase in more than 4 physical/mental symptoms, reaching peak within 10 minutes.)	1 2 3 If yes, cicle "yes" on F.1 and assess for panic disorder
Agoraphobia- **Were you ever afraid of going out of the house alone, being in crowds, standing in a queue, or traveling on buses or trains?** (What were you afraid of? Panic attacks? Not being able to escape/get home?)	1 2 3 If yes, cicle "yes" on F.7 and assess for agoraphobia
Social Phobia- **Is there ever anything that you have been afraid to do, or felt uncomfortable doing in front of other people such as speaking, eating, or writing?** Afraid that you would do something that would humiliate or embarrass you? What? Look anxious? What would people see? If no one was able to see, would you still be anxious? *What effect does it have on your life?* *Does it cause clinically significant interference or distress?*	1 2 3 If yes, cicle "yes" on F.11 and assess for social anxiety

Specific Phobia- **Are there other things that you have been especially afraid of like flying, seeing blood, getting an injection, heights, closed places, or certain kinds of animals or insects?** Is it more than just disliking, say, spiders? What effect does it have on your life? (What are you afraid would happen? Have a panic attack? Something else? *(Does it cause clinically significant interference or distress?)*	1 2 3 If yes, circle "yes" on F.16 and assess for specific phobias
Intrusions- **Have you ever been bothered by thoughts that didn't make any sense but kept coming back to you even when you tried not to have them?** What were they? What is the thought? [Not intrusive memories of trauma, panicky thoughts, or general worries- but the same thought or kinds of thoughts repeatedly (e.g., about hurting someone, dirt/germs or other things you find abhorrent). *For more than one hour per day?*	1 2 3 If yes, circle "yes" on F.20 and assess obsessions
Compulsions- **Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number, or checking something several times to make sure that you'd done it right?** *For more than one hour per day?*	1 2 3 If yes, circle "yes" on F.21 and assess compulsions
GAD- **In the last six months have you been particularly nervous or anxious?** **Do you worry a lot about bad things that might happen?** **IF YES: What do you worry about? How much do you worry about these events or activities?** ***During the last six months, would you say that you have been worrying more days than not?*** Worrying a lot? About things other than the problem we have been talking about (social situations, contamination etc) Do you think that it is excessive? Is it hard to control? How much of the day? Even if mood is OK?	1 2 3 If yes, circle "yes" on F.31 and assess GAD
Anorexia- **Have you ever had a period of time when you weighed much less than other people thought you ought to weigh?** Did anyone say anorexia? Were you trying to lose weight? Were you afraid of gaining weight? *Did you stop having periods?*	1 2 3 If yes, circle "yes" on H.1 and assess anorexia
Bulimia- **Have you often had times when your eating was out of control?** Eating more than planning to? Out of control feeling? *Binges? Doing things to counteract the effects of this, e.g., vomiting, laxatives, etc?*	1 2 3 If yes, circle "yes" on H.4 and assess bulimia
Psychosis- **Now I am going to ask you about unusual experiences people sometimes have. Has it ever seemed like people were talking about you or taking special notice of you? (were you convinced that they were talking about you or did you think it might be you imagination?) Or have you ever heard things that other people could not hear, or seen things other people could not see?** What things? When do you hear it/ see it? What do you make of it? Do you think other people are trying to harm you? Do you have special powers? Previous psychiatric assessments/ treatment for psychotic illness?	1 2 3 If yes, circle "yes" on B.1 and assess psychotic disorders

Continue with PTSD on following page….

6 Beck Scale for Suicide Ideation (BSS) - Worst ever

The Psychological Corporation
© 1991, A. T. Beck

Instructions

The statements below are about your thoughts on life and death. They refer to how you felt at a **previous** time in your life, when you were **the most down about life**, and **the most depressed that you have ever been.**

When would you estimate this time in your life to have been?

Please read each group of statements below carefully. Circle the statement in the group that best describes how you felt **at your worst time**. If several statements in the group seem to apply equally well, circle the highest number for that group.

1.
0 I had a moderate to strong wish to live
1 I had a weak wish to live
2 I had no wish to live

2.
0 I had no wish to die
1 I had a weak wish to die
2 I had a moderate to strong wish to die

3.
0 My reasons for living outweighed my reasons for dying
1 My reasons for living or dying were about equal
2 My reasons for dying outweighed my reasons for living

4.
0 I had no desire to kill myself
1 I had a weak desire to kill myself
2 I had a moderate to strong desire to kill myself

5.
0 I would have tried to save my life if I had found myself in a life-threatening situation
1 I would have taken a chance on life or death if I found myself in a life-threatening situation
2 I would not have taken the steps necessary to avoid death if I had found myself in a life-threatening situation

---

If you have circled the zero statements in both Groups 4 and 5 above, then skip the next page and go to Group 20. If you have marked a 1 or 2 in either Group 4 or 5, then please go to Group 6 on the next page.

6.
0 I had brief periods of thinking about killing myself which passed quickly
1 I had periods of killing myself which lasted for moderate amounts of time
2 I had long periods of thinking about killing myself

7.
0 I rarely or occasionally thought about killing myself
1 I had frequent thoughts about killing myself
2 I continuously thought about killing myself

8.
0 I did not accept the idea of killing myself
1 I neither accepted or rejected the idea of killing myself
2 I accepted the idea of killing myself

9.
0 I felt that I could keep myself from committing suicide despite my thoughts
1 I was unsure that I could keep myself from committing suicide if the thoughts continued
2 I could not keep myself from acting on the thoughts to commit suicide

10.
0 I would not have killed myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc
1 I was somewhat concerned about killing myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc
2 I was not or only a little concerned about killing myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc

11.
0 My reasons for wanting to commit suicide were primarily aimed at influencing other people, such as getting even with people, making people happier, making people pay attention to me, etc
1 My reasons for wanting to commit suicide were not only aimed at influencing other people, but also represented a way of escaping from life
2 My reasons for wanting to commit suicide were primarily based upon escaping from life

12.
0 I had no specific plan about how to kill myself
1 I had considered ways of killing myself, but had not worked out the details
2 I had a specific plan for killing myself

13.
0 I didn't have access to a method or an opportunity to kill myself
1 The method I would have used for committing suicide would take time, and I really didn't have a good opportunity to use this method
2 I had access or anticipated having access to the method I would have chosen for killing myself and also had the opportunity to use it

14.
0 I did not have the know-how, the courage or the ability to commit suicide
1 I was unsure whether I would have the courage and the ability to commit suicide
2 I had the courage and the ability to commit suicide

15.
0 I did not expect to make a suicide attempt
1 I was unsure whether I would make a suicide attempt
2 I was sure that I would make a suicide attempt

16.
0 I had made no preparations for committing suicide
1 I made some preparations for committing suicide
2 I almost finished or completed my preparations for committing suicide

17.
0 I did not write a suicide note
1 I thought about writing a suicide note or started to write one, but never completed it
2 I completed a suicide note

18.
0 I made no arrangements for what would happen after I had committed suicide
1 I thought making some arrangements for what would happen after I had committed suicide
2 I made definite arrangements for what would happen after I had committed suicide

19.
0 I did not hide my desire to kill myself from other people
1 I held back from telling people about wanting to commit suicide
2 I attempted to hide or lie about wanting to commit suicide

20.
0 I have never made a suicide attempt
1 I have attempted suicide once
2 I have attempted suicide two or more times

If you have previously attempted suicide, please continue with the next statement group.

21.
0 My wish to die during the last suicide attempt was low
1 My wish to die during the last suicide attempt was moderate
2 My wish to die during the last suicide attempt was high

7 The Suicide Attempt and Self-Injury Inventory

LINEHAN SUICIDE ATTEMPT SELF-INJURY INTERVIEW (SASII) –STANDARD (SHORT) VERSION

S1____ At any time in your life have you deliberately harmed or injured yourself or attempted suicide?
0 = No
1 = Yes

S2____ How many times have you deliberately harmed or injured yourself or attempted suicide in your lifetime?

S3____ INTERVIEWER: HOW RELIABLE IS THIS NUMBER?
0 = Unreliable
1 = Somewhat reliable
2 = Reliable

S4____ HOW MANY EPISODES WERE COUNTED AS THRESHOLD "SUICIDE ATTEMPT/INTENTIONAL SELF-INJURY"?
(Answer at end of interview)

//

01____ SASII SEQUENCE NUMBER (Always do most serious episode- If numerous episodes of equal severity do most recent)
0 = No SASII (STOP INTERVIEW)
1 = Most recent SASII
2 = Most serious episode

BEGINNING OF DETAILING EACH EPISODE

02____ **Think back to the worst time you harmed yourself. Was this a single event or a series or cluster of events?**
INTERVIEWER: RATE EPISODE AS A SINGLE EVENT OR CLUSTER OF EVENTS
0 = Single event. An act clearly remembered and/or distinguishable from another act by any detail
1 = Cluster of events. A repetitive or habitual series of low lethality acts in which all circumstances were identical, or a series of acts so poorly recalled by subjects such that acts cannot be differentiated from each other in any way other than count

DESCRIBE BASIS FOR LABELLING AS A CLUSTER
2a_____
_____

03____ **Was the meaning of your action to (<u>method</u>)/(self-injury/suicide attempt/overdose) deliberate, accidental or somewhere in between?**
1 = Accidental
2 = Semi-deliberate
3 = Deliberate
INTERVIEWER: IF INTITIATION OF ACT ITSELF WAS AN ACCIDENT, BEHAVIOUR IS NOT A SASII

04____ **Exact/estimated number of suicide attempts or self-harm events in this cluster?**
IF SINGLE EVENT, ENTER "1"

4a__ __ / __ __ / __ __ First date of cluster
IF SINGLE EVENT, ENTER DATE OF EVENT

4b__ __ / __ __ / __ __ Last date of cluster
IF SINGLE EVENT, ENTER DATE OF EVENT

05____ **How accurate is this date?**
1 = Exact
2 = Within two weeks
3 = Within one month
4 = Anytime in the last year

METHOD AND LETHALITY OF METHOD

06____ **Before we try to understand what led up to and followed your self-injury/attempted suicide/overdose, I want to first understand what exactly you did. Tell me again/describe exactly what method(s) you used to injure yourself?**
RECORD ANSWER VERBATIM AND CODE EXACT METHOD USING LIST BELOW. IF MORE THAN ONE METHOD USED, CODE THE MORE SEVERE

_____
_____

FOR EACH OF THE FOLLOWING METHODS, CODE:
0 = Not used
1 = Used

6.1____ Alcohol (used with direct intention to self-harm)
6.2____ Drugs/Medication (used with direct intention to self-harm)
6.3____ Poison/caustic substance
6.4____ Burning
6.5____ Scratch/cut
6.6____ Stabbing, puncture
6.7____ Gun
6.8____ Hanging
6.9____ Strangling
6.10___ Asphyxiation
6.11___ Jumping
6.12___ Drowning
6.13___ Hitting body
6.14___ Stopped required medical treatments or medications(with direct intentio to self-harm)
6.15___ Transportation related injury (e.g., drove car off a cliff)
6.16___ Stepped into traffic
6.17___ Other

07____ INTERVIEWER: RATE MEDICAL RISK OF DEATH BASED ON OTHER SUBSTANCES PRESENT AT TIME (DO NOT USE ANY PERSONAL INTERPRETATIONS, IF IN DOUBT USE LOWER CATEGORY)
1 = Very Low. Less than/equal to 5 pills (unless medication potentially lethal in low doses); scratching; reopening partially healed wounds; head banging, swallowing small, non-objects; going undressed into cold for brief time, lying down at night in the middle of a non-busy road but getting up when a car doesn't come or swimming out to the middle of lake and returning upon getting tired. Minor heroin overdose 1.5 times usual dependent dose
2 = Low. Superficial cut on surface or limbs; 6-10 pills (or fewer if medication potentially lethal in low doses); cigarette burn(s), jumping feet first from very low place (less than 10 feet). Heroin

overdose 1.5 times usual dependent dose combined with other drugs and/or alcohol

3 = Moderate. Overdose with over 50 pills or 11-30 pills potentially lethal in low doses and combined with alcohol; deep cuts anywhere but neck, swallowing ≤ 12oz shampoo or astringent, ≤ 2oz lighter fluid, or ≤ 4tbsp. cleaning compounds; igniting flammable substance on limb. Moderate heroin overdose 2-<3 times usual dependent dose

4 = High. Overdose with over 50 pills or 11-30 pills potentially lethal in low doses or combined with **large** amount of alcohol, stabbing to body; pulling trigger of a loaded gun aimed at a limb, swallowing >2oz lighter fluid, >12oz shampoo or astringent or >4tbsp. cleaning compounds, igniting flammable substance on multiple limbs and torso, walking into heavy traffic

5 = Very high. Overdose with over 30 pills lethal in small doses or combined with large amount of alcohol; poison(unless small amount not potentially lethal); attempted drowning; suffocation; deep cuts to the throat or limbs; jumping from low place (less than 20 feet), igniting flammable substances all over body, electrocution, throwing self in front of or from car going less than 30miles/hr, strangulation. Serious heroin overdose 3 or more times usual dependent dose

6 = Severe. Pulling trigger of loaded gun aimed at vital area (such as torso or head); Russian roulette, jumping from a high place (more than 20 feet); hanging (feet above the ground); asphyxiation (such as carbon monoxide suffocation); jumping in front of auto going faster than 30 miles/hr or off overpass in rush hour traffic, attempted drowning after ingesting alcohol or other drugs, swallowing nail polish remover, turpentine or similar substances. Serious heroin overdose 3 or more times usual dependent dose combined with other drugs and/or alcohol

INTENT

08____ **At the time of your self-injury/suicide attempt/overdose, what final outcome did you most intend and expect?**
(RECORD ANSWER VERBATIM AND CODE USING LIST BELOW)

_____

_____

INTERVIEWER: RATE SUBJECT'S CONSCIOUS INTENT TO CAUSE *SELF-INJURY,* I.E., DEGREE THAT BEHAVOUR WAS INITIATED AND PERFORMED IN ORDER TO CAUSE SELF-INJURY *OR* IN ORDER TO RISK SELF-INJURY

0 = No bodily or physiological harm intended or expected (e.g., expected to fly from window ledge; habitual substance abuser expected to get high as usual; bulimic expected to purge as usual

1 = Ambivalent intent to cause bodily injury or physiological harm to self and took a chance (e.g., Russian roulette, habitual substance abuser took more than normal amount)

2 = Clear expectations of some bodily injury, physiological harm to self (e.g., expected to sleep for a whole weekend, expected skin to be broken, bulimic expected to disrupt electrolyte balance), or death

09____ **Just before or at the time of this self-injury/overdose, were you thinking about suicide or wishing you were dead?**
(READ FOLLOWING OPTIONS TO THE CLIENT)

0 = Not at all

1 = I was wishing I was dead, but the thought of suicide did not go through my mind

2 = The thought of suicide passed through my mind

3 = I briefly considered it, but not seriously

4 = I was thinking about it and was somewhat serious

5 = I was very serious about dying but was also somewhat ambivalent

6 = I was extremely serious, intended to die and was not ambivalent at all

10 **Would you say that you injured yourself/attempted suicide/ overdosed for any of the following reasons?**
0 = Not mentioned
1 = Mentioned
(PLEASE GIVE CARD 'A' TO CLIENT)

.1____ To stop bad feelings
.2____ To communicate to or let others know how desperate you were
.3____ To get help
.4____ To gain admission into a hospital or treatment program
.5____ To die
.6____ To feel something, even if it was pain
.7____ To punish yourself
.8____ To get a vacation from having to try so hard
.9____ To get out of doing something
.10____ To shock or impress others
.11____ To prove to yourself that things really were bad
.12____ To give you something, anything, to do
.13____ To get other people to act differently or change
.14____ To get back at or hurt someone
.15____ To make others better off
.16____ To get away or escape
To get away or escape from what? (check all that apply)
.16a____ your thoughts and memories
.16b____ your feelings
.16c____ other people
.16d____ yourself
.17____ To stop feeling numb or dead
.18____ To prevent being hurt in a worse way
.19____ To stop feeling angry or frustrated or enraged
.20____ To demonstrate to others how wrong they are/were
.21____ To relieve anxiety or terror
.22____ To distract yourself from other problems
.23____ To relieve feelings of aloneness, emptiness or isolation
.24____ To stop feeling self-hatred, shame
.25____ To express anger or frustration
.26____ To obtain relief from a terrible state of mind
.27____ To make others understand how desperate you are
.28____ To stop feeling sad
.29____ Other_____

11____ **At the time it occurred, did you consider the episode a suicide attempt, even if you did not really intend to die?**
0 = No
1 = Yes

12____ **Do you now consider that episode a suicide attempt?**
0 = No
1 = Yes
INTERVIEWER: IF Q.12 AND Q.13 ARE CODED DIFFERENTLY, ASK THE FOLLOWING AND RECORD ANSWER VERBATIM.

What accounts for this change?
12a_____
_____

13____ INTERVIEWER: RATE SUBJECT'S CONSCIOUS EXPECTATION OF *FATAL OUTCOME* (USING ALL INFO GATHERED SO FAR)
0 = No expectation
1 = Uncertain of outcome

2 = Clear expectations of fatal outcome

COMMUNICATION OF SUICIDE INTENT

14____ **At the time or near the time of this episode, did you tell anyone, directly or indirectly, that you were thinking of suicide or that you wished you were dead?**
(ASSESS IF SUBJECT COMMUNICATED SUICIDE IDEATION)
0 = No
1 = Indirect communication
2 = Direct communication

14a DESCRIBE_____
_____

15____ **At the time or near the time of this episode, did you threaten suicide to anyone or do anything that could be or was interpreted by someone else as a threat to harm or kill yourself?**
(ASSESS IF SUBJECT THREATENED)
0 = No
1 = Indirect threat
2 = Direct threat

15a DESCRIBE_____
_____

IMPULSIVITY AND PROBABILITY OF INTERVENTION

16____ **Did you plan your self-injury/suicide attempt/overdose, or was it an impulsive act?**
(RECORD ANSWER VERBATIM AND RATE IMPULSIVITY FROM LIST BELOW)

16a_____
_____

INTERVIEWER: RATE IMPULSIVITY OF ACT
1 = Commitment to act, followed by very careful or elaborate plan carried out over a period of time
2 = Actively planned and/or got implements. Had impulse, resisted for ____ days, then acted
3 = Actively planned and/or got implements. Had impulse, resisted for less than 24 hours
4 = No active planning. Had impulse, resisted for ____ days, then acted
5 = No active planning. Had impulse, resisted for less than 24 hours, then acted
6 = No active planning. Occurred impulsively, with no forethought and without very strong emotion
7 = No active planning. Occurred impulsively, with no forethought and with very strong emotion

17____ **At the time or near the time of this episode, did you write a suicide note?**
0 = No
1 = Yes

18____ **Did you arrange your self-injury/suicide attempt/overdose in such a way that it would be very difficult for anyone to find, stop, or save you?**
0 = No
1 = Yes
Describe the circumstances_____

_____
(RECORD ANSWER VERBATIM)

19____ INTERVIEWER: RATE PROBABILITY OF INTERVENTION BASED ON ALL INFORMATION

1 = Chance of intervention remote. Act committed by person in a solitary or isolated place without access to telephone (i.e., a wooded area, cemetery, etc.)

2 = Improbable intervention. Act committed by person alone, with intervention by a passer-by possible although not expected (i.e., in a motel room, an office late at night, at home alone with no one expected)

3 = Ambiguous chance of intervention. Act committed by person alone, with no certainty of immediate assistance. However, a reasonable chance for intervention existed (i.e., the victim is aware of the impending arrival of others)

4 = Probable intervention. Act committed with another person in the immediate vicinity but not visibly present (such as in the same dwelling/building). Or made phone call but did not directly communicate intention

5 = Certain intervention. Act committed in the presence of another person/made phone call immediately before or after in order to advise of act or to say good-bye

LEVEL OF MEDICAL TREATMENT

20 **Following your self-injury/suicide attempt/overdose were you taken to any of these places or did you turn to any of these places or people for help?**
(GIVE CARD B, CODE USING "**0**" OR "**1**")
0 = Not contacted
1 = Contacted

.1____ Physician/nurse (visit)
.2____ Crisis outreach/after hours team/mental health professional (In person visit)
.3____ Police/wellness check (at home or other residence)
.4____ Paramedics/ambulance/aid car (at home or other residence)
.5____ Hospital emergency room
***.5b*____**
0 = Not medically treated,
1 = Treated
.6____ Inpatient, psychiatric unit
***.6b*____** Number of days
***.6c*____** Voluntary
1 = yes
2 = voluntary but threatened with commitment if not agreed to
3 = legally detained on a 24-48 hour hold
4 = 72+ hour hold
.7____ Hospital medical floor
***.7b*____** Number of days
.8____ Intensive care
***.8b*____** Number of days

21____ **What was your physical condition afterward?**
RECORD ANSWER VERBATIM AND USE LIST BELOW TO CODE
21a_____
_____
RECORD INFORMATION FROM MEDICAL RECORDS
21b_____
_____

INTERVIEWER: RATE PHYSICAL CONDITON FOLLOWING EPISODE
0 = No effect
1 = Very mild effect. *Death impossible*

(e.g., went to sleep at regular time, woke up ok; slightly queasy or nauseous, but no vomiting; rash type abrasion, bruise; chilled; small non-sharp objects in digestive tract)

2 = Mild effect. *Death is highly improbable; could only occur due to secondary complications or very unusual circumstance*
(e.g., nauseous; slept significantly more than normal, woke up ok; 1st degree burn; superficial lacerations with tendon, nerve or vessel damage and not requiring sutures; minimal blood loss; larger non-sharp objects in digestive tract)

3 = Moderate effect. *Death is improbable; could only occur due to secondary effects; medical aid is warranted, but not required for survival*
(e.g., vomiting; slept significantly more than normal, woke up still drowsy; 2nd degree burn; non-septic infection; shallow lacerations on limbs or torso with slight tendon damage requiring sutures; broken digits or limbs; slight to moderate hypothermia or frost bite; slight concussion with no disorientation)

4 = Severe effect. *Death is improbable if first aid or medical attention is administered*
(e.g., respiratory failure, elevated blood pressure, convulsions or seizures; 3rd degree burns covering 20% or less of body surface; septicaemia; deep lacerations on face, limbs or torso with tendon damage or severing and possible nerve, vessel or artery damage; cuts on neck which may require sutures but no major nerves or vessels severed; blood loss less than 100cc; bullet in or deep piercing of limbs; severe head injury with decreased orientation; moderate tissue damage; sharp objects in digestive tract; vertebral fracture without cord injury)

5 = Very severe effect. *Death is somewhat probable unless first aid or medical attention is administered*
(e.g., caustic substance; hypertensive crisis; stroke; 3rd degree burn covering 40% of body surface; severe, deep lacerations on face, limbs or torso severing of major arteries; blood loss more than 200cc; loss of eye, ear or digits; bullet or deep piercing in lower torso; severe tissue loss; vertebral fracture with cord injury; mild hypoxia; comatose but still responding to pain)

6 = Extremely severe effect. *Death is highly probable without immediate and vigorous medical attention, and may occur even with vigorous first aid or medical attention*
(e.g., 3rd degree burn covering 50% or more of body surface; loss of limb; deep lacerations on neck with major artery damage, i.e., cutting jugular vein; irreparable damage and/or systemic organ failure; gun shot or bullet in chest or head; closed airways, severe hypoxia and/or respiratory arrest; severe hypothermia; cardiac arrest; comatose and not responding to pain)

7 = Lethal effect. *Death occurred*

22___ INTERVIEWER: USE ALL APPROPIATE INFORMATION REGARDING TREATMENT THAT HAS BEEN GATHERED THROUGHOUT INTERVIEW TO CODE HIGHEST APPLICABLE NUMBER FROM LIST BELOW

0 = No medical treatment sought/required

1 = Went to emergency room or physician, had no medical treatment or assessment and went home (e.g., talked to social worker or resident and left)

2 = Went directly to an in-patient psychiatric unit, without going to emergency room

3 = Medically treated while on in-patient psychiatric unit, without going to emergency room

4 = Went to emergency room or physician, was medically treated and went home

5 = Went to emergency room, was treated and admitted to psychiatry unit

6 = While on psychiatric unit, went to emergency room for medical treatment and then returned to psychiatric unit

7 = Admitted to medical unit, whether or not via emergency room for medical treatment and then returned to psychiatric unit

8 = Admitted to medical unit, whether or not via emergency room, for required treatment

9 = Admitted to intensive care unit, whether or not via emergency room or medical floor
10=Mortuary

23___ INTERVIEWER: RATE SUBJECT'S INTENT TO DIE, I.E., THE SERIOUSNESS OR INTENSITY OF THE WISH TO TERMINATE HIS OR HER OWN LIFE. RATINGS SHOULD REFLECT YOUR BEST ESTIMATE BASED ON ALL INFORMATION

1 = Obviously no intent
2 = Only minimal intent
3 = Definite but very ambivalent
4 = Serious intent
5 = Extreme intent (careful planning and every expectation of death)

DESCRIBE REASON FOR RATING
23_____
_____

24___ INTERVIEWER: BASED ON DEFINITION OF SASII ON APPENDIX, CATEGORIZE BEHAVIOUR. CODING SHOULD REFLECT YOUR BEST JUDGEMENT BASED ON ALL INFORMATION

1 = Accidental self-harm, without undue risk taking and without unreasonable expectation of safety
2 = Accidental self-harm, with undue risk taking or with unreasonable expectation of safety
3 = Victim-precipitated self-harm, without intent to be harmed by others but with undue risk taking or with unreasonable expectation of safety
4 = "Victim-precipitated" self-harm with intent to be harmed by others
5 = Intentional self-injury, but not a suicide attempt
6 = Ambivalent suicide attempt
7 = Suicide attempt with no ambivalence
8 = Suicide attempt that is a "failed suicide", with continued life purely accidental and a near miracle
9 = OTHER, including absence of a behaviour, which results in harm or illness (e.g., stopped taking important medicines such as insulin)

SUPPLEMENTAL QUESTIONS FOR THE SASII

25 **If you had to pick one thing that you think most triggered your self-injury/suicide attempt, what would you say it was?**
(PROBE FOR MAIN PRECIPITATING EVENT)
_____
_____

26a____ **Did that happen to on the day you injured yourself/attempted suicide?**
0 = No
1 = Yes

IF NO:
26b____ **Did that happen right before you felt the urge to injure yourself or attempt suicide?**
0 = No
1 = Yes

8 Suicidal Cognition Scale

SUICIDAL COGNITIONS SCALE

Instructions: The following are 20 statements intended to assess some recent thoughts that you may have experienced. Please read each statement carefully and circle the response that best describes how often you have experienced these thoughts over the past three months. Remember to rate each statement and circle only one number for each statement.

	Disagree	Disagree	Neutral	Agree	Agree
1. This world would be better off without me.	1	2	3	4	5
2. Suicide is my only option to solve my problems.	1	2	3	4	5
3. I can't stand this pain anymore.	1	2	3	4	5
4. I am a burden to my family.	1	2	3	4	5
5. I've never been successful at anything.	1	2	3	4	5
6. I can't tolerate being this upset any longer.	1	2	3	4	5
7. I can never be forgiven for the mistakes I have made.	1	2	3	4	5
8. No one can help solve my problems.	1	2	3	4	5
9. When I get this upset, it is unbearable.	1	2	3	4	5
10. I am completely unworthy of love.	1	2	3	4	5
11. Nothing can help solve my problems.	1	2	3	4	5
12. It is impossible to describe how badly I feel.	1	2	3	4	5
13. I have driven away everyone in my life.	1	2	3	4	5
14. I can't cope with my problems any longer.	1	2	3	4	5
15. I can't imagine anyone being able to withstand this unbearable pain.	1	2	3	4	5
16. There is nothing redeeming about me.	1	2	3	4	5
17. Suicide is the only way to end this unbearable pain.	1	2	3	4	5
18. I don't deserve to live another moment.	1	2	3	4	5
19. I would rather die now than feel this unbearable pain.	1	2	3	4	5
20. No one is as loathsome as me.	1	2	3	4	5

9 Ruminative Response Scale

People think and do many different things when they feel sad, blue, or depressed. Please read each of the items below and indicate whether you Never, Sometimes, Often, or Always think or do each one when you feel sad, down, or depressed. Circle the most relevant number.
Please indicate what you generally *do*, **not** what you think you *should* do.

	Never Sometimes Often Always
1. I think about how alone I feel.	**1----------2----------3---------4**
2. I think "I won't be able to do my job if I don't snap out of this".	**1----------2----------3---------4**
3. I think about my feelings of fatigue and achiness.	**1----------2----------3---------4**
4. I think about how hard it is to concentrate.	**1----------2----------3---------4**
5. I think "What am I doing to deserve this?"	**1----------2----------3---------4**
6. I think about how passive and unmotivated I feel.	**1----------2----------3---------4**
7. I analyze recent events to try to understand why I am depressed.	**1----------2----------3---------4**
8. I think about how I don't seem to feel anything anymore.	**1----------2----------3---------4**
9. I think "Why can't I get going?"	**1----------2----------3---------4**
10. I think "Why do I always react this way?"	**1----------2----------3---------4**
11. I go away by myself and think about why I feel this way.	**1----------2----------3---------4**
12. I write down what I am thinking and analyze it.	**1----------2----------3---------4**
13. I think about a recent situation, wishing it had gone better.	**1----------2----------3---------4**
14. I think "I won't be able to concentrate if I keep feeling this way".	**1----------2----------3---------4**
15. I think "Why do I have problems other people don't have?	**1----------2----------3---------4**
16. I think "Why can't I handle things better?"	**1----------2----------3---------4**
17. I think about how sad I feel.	**1----------2----------3---------4**
18. I think about all my shortcomings, failings, faults, and mistakes.	**1----------2----------3---------4**
19. I think about how I don't feel up to doing anything.	**1----------2----------3---------4**
20. I analyze my personality to try to understand why I am depressed.	**1----------2----------3---------4**
21. I go somewhere alone to think about my feelings.	**1----------2----------3---------4**
22. I think about how angry I am with myself.	**1----------2----------3---------4**

Note: *Brooding* subscale, *Reflection* subscale.

10 Five-Factor Mindfulness Scale

Description:
This instrument is based on a factor analytic study of five independently developed mindfulness questionnaires. The analysis yielded five factors that appear to represent elements of mindfulness as it is currently conceptualized. The five facets are observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. More information is available in:
Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
never or very rarely true	rarely true	sometimes true	often true	very often or always true

_____ 1. When I'm walking, I deliberately notice the sensations of my body moving.

_____ 2. I'm good at finding words to describe my feelings.

_____ 3. I criticize myself for having irrational or inappropriate emotions.

_____ 4. I perceive my feelings and emotions without having to react to them.

_____ 5. When I do things, my mind wanders off and I'm easily distracted.

_____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.

_____ 7. I can easily put my beliefs, opinions, and expectations into words.

_____ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.

_____ 9. I watch my feelings without getting lost in them.

_____ 10. I tell myself I shouldn't be feeling the way I'm feeling.

_____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.

_____ 12. It's hard for me to find the words to describe what I'm thinking.

_____ 13. I am easily distracted.

_____ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.

_____ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.

_____ 16. I have trouble thinking of the right words to express how I feel about things

_____ 17. I make judgments about whether my thoughts are good or bad.

_____ 18. I find it difficult to stay focused on what's happening in the present.

_____ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.

1	2	3	4	5
never or very rarely true	rarely true	sometimes true	often true	very often or always true

_____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.

_____ 21. In difficult situations, I can pause without immediately reacting.

_____ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.

_____ 23. It seems I am "running on automatic" without much awareness of what I'm doing.

_____24. When I have distressing thoughts or images, I feel calm soon after.

_____ 25. I tell myself that I shouldn't be thinking the way I'm thinking.

_____ 26. I notice the smells and aromas of things.

_____ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.

_____ 28. I rush through activities without being really attentive to them.

_____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.

_____ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.

_____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.

_____ 32. My natural tendency is to put my experiences into words.

_____ 33. When I have distressing thoughts or images, I just notice them and let them go.

_____ 34. I do jobs or tasks automatically without being aware of what I'm doing.

_____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.

_____ 36. I pay attention to how my emotions affect my thoughts and behavior.

_____ 37. I can usually describe how I feel at the moment in considerable detail.

_____ 38. I find myself doing things without paying attention.

_____ 39. I disapprove of myself when I have irrational ideas.

Note:

'Observing' subscale includes items: 1, 6, 11, 15, 20, 26, 31, 36.

11 Dysfunctional Attitudes Scale

ATTITUDES INVENTORY

This inventory lists attitudes or beliefs which people sometimes hold. Read EACH statement carefully and decide how much you agree or disagree with the statement.

For each of the attitudes, show your answer by placing a cross (**x**) in box under the response that BEST DESCRIBES HOW YOU THINK. Be sure to choose only one answer for each attitude. Because people are different, there is no right or wrong answer to these statements.

To decide whether a given attitude is typical of your way of looking at things, simply keep in mind what you are like MOST OF THE TIME.

EXAMPLE

ATTITUDES	totally agree	agree very much	agree slightly	neutral	disagree slightly	disagree very much	totally disagree
1. Most people are O.K. once you get to know them.	☐	☐	☒	☐	☐	☐	☐

Look at the example above. To show how much a sentence describes your attitude, you can put a cross in any box from "totally agree" to "totally disagree". In the above example, the cross in the "agree slightly" box indicates that this statement is somewhat typical of the attitudes held by the person completing the inventory.

Remember that your answer should describe the way you think MOST OF THE TIME.

NOW TURN THE PAGE AND BEGIN

ATTITUDES

Remember, answer each statement according to the way you think most of the time

	totally agree	agree very much	agree slightly	neutral	disagree slightly	disagree very much	total disag
1. It is difficult to be happy unless one is good looking, intelligent, rich and creative	☐	☐	☐	☐	☐	☐	☐
2. Happiness is more a matter of my attitude towards myself than what other people feel about me	☐	☐	☐	☐	☐	☐	☐
3. People will probably think less of me if I make a mistake	☐	☐	☐	☐	☐	☐	☐
4. If I do not do well all the time, people will not respect me	☐	☐	☐	☐	☐	☐	☐
5. Taking even a small risk is foolish because the loss is likely to be a disaster	☐	☐	☐	☐	☐	☐	☐
6. It is possible to gain another person's respect without being especially talented at anything	☐	☐	☐	☐	☐	☐	☐
7. I cannot be happy unless most people I know admire me	☐	☐	☐	☐	☐	☐	☐
8. If a person asks for help it is a sign of weakness	☐	☐	☐	☐	☐	☐	☐
9. If I do not do as well as other people it means I am an inferior human being	☐	☐	☐	☐	☐	☐	☐
10. If I fail at my work, then I am a failure as a person	☐	☐	☐	☐	☐	☐	☐
11. If you cannot do something well, there is little point in doing it at all	☐	☐	☐	☐	☐	☐	☐
12. Making mistakes is fine because I can learn from them	☐	☐	☐	☐	☐	☐	☐
13. If someone disagrees with me, it probably indicates he does not like me	☐	☐	☐	☐	☐	☐	☐
14. If I fail partly, it is as bad as a complete failure	☐	☐	☐	☐	☐	☐	☐
15. If other people know what you are really like, they will think less of you	☐	☐	☐	☐	☐	☐	☐
16. I am nothing if a person I love doesn't love me	☐	☐	☐	☐	☐	☐	☐

	totally agree	agree very much	agree slightly	neutral	disagree slightly	disagree very much	totally disagree
17. One can get pleasure from an activity regardless of the end result	☐	☐	☐	☐	☐	☐	☐
18. People should have a reasonable likelihood of success before undertaking anything	☐	☐	☐	☐	☐	☐	☐
19. My value as a person depends greatly on what others think of me	☐	☐	☐	☐	☐	☐	☐
20. If I don't set the highest standards for myself, I am likely to end up as a second rate person	☐	☐	☐	☐	☐	☐	☐
21. If I am to be a worthwhile person I must be truly outstanding in at least one major respect	☐	☐	☐	☐	☐	☐	☐
22. People who have good ideas are more worthy than those who do not	☐	☐	☐	☐	☐	☐	☐
23. I should be upset if I make a mistake	☐	☐	☐	☐	☐	☐	☐
24. My own opinions of myself are more important than other's opinions of me	☐	☐	☐	☐	☐	☐	☐
25. To be a good, moral, worthwhile person, I must help everyone who needs it	☐	☐	☐	☐	☐	☐	☐
26. If I ask a question it makes me look inferior	☐	☐	☐	☐	☐	☐	☐
27. It is awful to be disapproved of by people important to you	☐	☐	☐	☐	☐	☐	☐
28. If you don't have other people to lean on, you are bound to be sad	☐	☐	☐	☐	☐	☐	☐
29. I can reach important goals without slave driving myself	☐	☐	☐	☐	☐	☐	☐
30. It is possible for a person to be scolded and not get upset	☐	☐	☐	☐	☐	☐	☐
31. I cannot trust other people because they might be cruel to me	☐	☐	☐	☐	☐	☐	☐
32. If others dislike you, you cannot be happy	☐	☐	☐	☐	☐	☐	☐
33. It is best to give up your own interests in order to please other people	☐	☐	☐	☐	☐	☐	☐

	totally agree	agree very much	agree slightly	neutral	disagree slightly	disagree very much	totally disagree
34. My happiness depends more on other people than it does on me.	☐	☐	☐	☐	☐	☐	☐
35. I do not need the approval of other people in order to be happy	☐	☐	☐	☐	☐	☐	☐
36. If a person avoids problems, the problems tend to go away	☐	☐	☐	☐	☐	☐	☐
37. I can be happy even if I miss out on many of the good things in life	☐	☐	☐	☐	☐	☐	☐
38. What other people think about me is very important	☐	☐	☐	☐	☐	☐	☐
39. Being isolated from others is bound to lead to unhappiness	☐	☐	☐	☐	☐	☐	☐
40. I can find happiness without being loved by another person	☐	☐	☐	☐	☐	☐	☐

12 Acceptance and Avoidance Questionnaire

AAQ-II

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale to make your choice

	never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true
1. It's OK if I remember something unpleasant	1	2	3	4	5	6	7
2. My painful experiences and memories make it difficult for me to live a life that I would value	1	2	3	4	5	6	7
3. I'm afraid of my feelings	1	2	3	4	5	6	7
4. I worry about not being able to control my worries and feelings	1	2	3	4	5	6	7
5. My painful memories prevent me from having a fulfilling life	1	2	3	4	5	6	7
6. I am in control of my life	1	2	3	4	5	6	7
7. Emotions cause problems in my life	1	2	3	4	5	6	7
8. It seems like most people are handling their lives better than I am	1	2	3	4	5	6	7
9. Worries get in the way of my success	1	2	3	4	5	6	7
10. My thoughts and feelings do not get in the way of how I want to live my life	1	2	3	4	5	6	7

13 Autobiographical Memory Test Instructions

I am interested in your memory for events that have happened in your life. I am going to read to you some words and at the same time present the words to you on some cards. For each word, I want you to think of an event that happened to you which the word reminds you of. The event you recall could be an important event, or a trivial event.

The memory you recall should be of a specific event **– by that I mean an event that lasted less than a day, and occurred at a particular time and place**. So, for example, if I said the word "good" – it would not be OK to say, "I *always* enjoy a good party", because that does not mention a specific event. But it would be OK to say "I had a good time at Jane's party" (because that is a specific event). It is important that each memory you recall refers to a *different* event. Finally, the events you recall could have happened at any point in your life from when you were small onwards but you should not include memories of events that have occurred in the last seven days, these are too recent. You should describe the event to me in enough detail for me to tell that these instructions have been fulfilled.

Ok, let's try some words for practice:

ladder
tired
chicken

(Reinforce correct responses in terms of specificity, recency and uniqueness, prompt until 2 correct)

Now we've practised we will move on to the task itself. In this section you will be given thirty seconds to come up with a memory for each cue word presented. You will probably find it harder to come up with memories for some words than others, and from time to time you may find that no memory comes to mind. That is ok. However I will always give you the whole thirty seconds to try to come up with a memory for each cue. I will write down what you say and tell you when it is time to move on to the next word. Do you have any questions?

Ok, so remember, your task is to come up with a memory for each cue word. Each memory you recall should refer to a specific event which lasted less than a day and which occurred more than one week ago. You should recall a different event for each cue word.

14 Autobiographical Memory Test Word Lists

Word Set **A**	*Word Set* **B**
Pen	Grass
Affectionate	Sensitive
Rejected	Needy
Green	Lock
Successful	Efficient
Inefficient	Incompetent
Factory	Bag
Loyal	Friendly
Heartless	Isolated
Tray	Library
Able	Thorough
Useless	Unproductive
Balance	Bread
Loved	Caring
Lonely	Disliked
Onion	Weather
Determined	Ambitious
Inept	Failure