

SI-Bord

Name..... Age (yr)Sex Male Female

Date...../...../.....

How much of the following emotions and characteristics match yours, please mark √ in the box on the right.	Not at all	A little	somewhat	To a great extent
1. When people with ties to me leave me, I can barely live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The relationship between me and those I am bound to fluctuate between very good and very bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My feelings suddenly change, such as "I don't know who I am," "I don't know where I am going" or "I feel lonely", "I have no goals".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I threaten to hurt myself or attempt to hurt myself or have attempted suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My mood changes suddenly, for example, from normal to irritability, depression, or anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>