

# SI-SDB

(Carlson, Armstrong, & Loewenstein)

1. Have you ever had a drug or alcohol problem?    yes    no    Describe:  
If yes, how old were you when it began? \_\_\_\_\_  
If yes, were you ever hospitalized for this problem?    yes    no  
\*Has anyone ever complained about your drinking or drug use?    yes    no    Describe:  
\*Has your use of drugs or alcohol ever caused any problems for you or gotten you into any trouble?    yes    no  
Describe:

## Scoring for Substances, Disordered Eating, Sexual Impulsiveness

Substances \_\_\_\_\_

- 0 = none
- 1 = mild (present, but not disruptive to life)
- 2 = moderate (sometimes disruptive to life)
- 3 = severe (frequently disruptive to life)

2. What is your present height? \_\_\_\_\_    Weight? \_\_\_\_\_  
What is the most you have ever weighed? \_\_\_\_\_  
What is the least you have ever weighed as an adult? \_\_\_\_\_  
Do you have problems with overeating?    yes    no    Undereating?    yes    no  
\*Has anyone ever been worried that you were eating too much or not eating enough?    yes    no  
Do you ever overuse diet pills, laxatives, or anything else to control your weight?    yes    no  
Have you ever made yourself vomit?    yes    no    If so, do you do this often?    yes    no  
For how long (did you have/ have you had) eating problems? \_\_\_\_\_  
What's the longest time you've ever gone without food? \_\_\_\_\_ (days)    Water? \_\_\_\_\_ (days)
- Eating** \_\_\_\_\_  
(current: \_\_\_\_\_ )

3. Have you ever been afraid that there's something wrong with the way you handle sex in your life?    yes    no  
If so, what worries you?    Has it been a big problem in your life?  
Would you say your sex drive is too high?    yes    no    DK    Too low?    yes    no    DK  
Do you ever like to be hurt when you're having sex?    yes    no  
Do you ever find yourself involved with people who hurt you during sex?    yes    no

**Sexual Impulsiveness** \_\_\_\_\_  
(current: \_\_\_\_\_ )

4. Do you have any scars caused by you hurting yourself on purpose?    yes    no

Describe all:

How many times have you hurt yourself on purpose? \_\_\_\_\_

If you have done this: How old were you when you first hurt yourself on purpose? \_\_\_\_\_

How many times have you:

Cut yourself? \_\_\_\_\_      Burned yourself? \_\_\_\_\_      Banged yourself? \_\_\_\_\_

Picked open sores? \_\_\_\_\_      Choked yourself? \_\_\_\_\_      Overdosed? \_\_\_\_\_

Done something to hurt or damage your sexual organs? \_\_\_\_\_      Jumped off something? \_\_\_\_\_

Done other things? Specify:

\* Have you ever accidentally injured yourself?    yes    no

If yes, describe:

**Scoring for Self-harm:** 0 = none  
1 = mild (no serious injury)  
2 = moderate (moderate or occasional injury)  
3 = severe (severe or frequent injury)

**Self Harm** \_\_\_\_\_  
(current: \_\_\_\_\_)

5. Have you ever seriously thought about killing yourself?    yes    no

Did you ever make an attempt to kill yourself?    yes    no    How many times? \_\_\_\_\_

How old were you at that time? \_\_\_\_\_ (years old)

Describe:

\*Did you ever come close to killing yourself by accident?    yes    no

If yes, describe:

**Scoring for Suicidality:** 0 = none (no ideation)  
1 = mild (ideation, but no attempts)  
2 = moderate (gestures or attempts with low lethality)  
3 = severe (1 or more serious attempt)

**Suicidality** \_\_\_\_\_  
(current: \_\_\_\_\_)

**\* Items not included in initial validation study.**

**Lifetime Total SI-SD Score** \_\_\_\_\_

**Current Total SI-SD Score** \_\_\_\_\_