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Supplementary Material

Article Title: Psychometric Properties of the Borderline Symptoms List 23 for Brazilian Portuguese in a Nonclinical Sample

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LIST OF SUPPLEMENTARY MATERIAL FOR THE ARTICLE

1. **Supplementary Material: Scales**

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Supplementary Material: Scales

Barrat Impulsiveness Scale (BIS-11). BIS-11[1] is a self-report questionnaire designed to measure trait impulsivity in individuals. It consists of 30 items that assess various aspects of impulsivity, including cognitive, motor, and non-planning impulsivities. Respondents are asked to rate how well each statement describes their behavior and feelings on a four-point Likert scale, with response options typically ranging from 1 (rarely/never) to 4 (almost always). The scale comprises three subscales: Cognitive Impulsivity, Motor Impulsivity, and Non-planning Impulsivity. Internal consistency in the original study was measured using Cronbach alpha, and coefficients for the total BIS score were high across all groups: Baylor undergraduates α=0.82, substance-abuse patients α=0.79, general psychiatric patients α=0.83, and prison inmates α=0.80. The Brazilian study validated the BIS-11 through literal, semantic, and idiomatic equivalences, using a bilingual sample and correlation analysis to ensure response consistency between the original and translated versions, with satisfactory quantitative results indicating reliability.[2]

Childhood Trauma Questionnaire (CTQ). CTQ[3] is an assessment tool designed to measure childhood trauma and abuse experienced by individuals. It consists of 28 items, each representing different types of traumatic experiences and abusive behaviors that a person may have encountered during their childhood. The questionnaire is administered in a self-report format, where respondents rate the frequency of each item on a 5-point Likert scale, indicating how often a particular event occurred in their childhood, ranging from 1 (never true) to 5 (very often true). In the original study, Cronbach alpha ranged from 0.79 to 0.94, indicating high internal consistency, as did the entire scale (α=0.95). The Brazilian version of the CTQ underwent translation, back-translation, and semantic adaptation, with content validation by expert judges. The tool demonstrated good understanding within the target population, confirming semantic validity (mean comprehension score = 4.86/5).[4]

Depression, Anxiety, and Stress Scale (DASS-21). DASS-21[5] is a self-report questionnaire designed to measure the severity of symptoms related to depression, anxiety, and stress. It consists of 21 items, with each subscale (Depression, Anxiety, and Stress) comprising seven items. The scale is based on a four-point Likert-type response format, where respondents rate the frequency and intensity of their experiences over the past week, ranging from 0 (did not apply to me at all to 3 (applied to me very much, or most of the time). In the original study, internal consistency (Cronbach alpha) for each scale of the DASS normative sample was high: depression α=0.91; anxiety α=0.84; and stress α=0.90. The DASS-21 was validated in Brazil, showing high internal consistency across subscales (α =

0.92 for depression, 0.90 for stress, and 0.86 for anxiety). Strong correlations with related scales, such as BDI (r = 0.86) and BAI (r = 0.80), supported construct and concurrent validity.[6]

Difficulties with Emotion Regulation Scale (DERS). DERS[7] is a widely used self-report questionnaire designed to assess an individual's ability to regulate their emotions effectively. It consists of 36 items, which are grouped into six subscales, each representing a different aspect of emotion regulation difficulties: difficulty accepting emotional responses (Non-acceptance, six items), lack of emotional awareness (Awareness, five items), limited access to emotion regulation strategies (Strategies, eight items), difficulties engaging in goal-directed behavior when emotionally aroused (Goals, five items), difficulties with impulse control (Impulse, six items), and lack of emotional clarity (Clarity, five items). DERS employs a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). Cronbach α was computed to assess the internal consistency of the DERS items. Findings from the original study showed a high internal consistency (α = 0.93). Additionally, the DERS subscales demonstrated satisfactory internal consistency, with Cronbach's α exceeding 0.80 for each subscale. The Brazilian validation of the DERS confirmed the six-factor structure with good internal consistency (α = 0.94). Concurrent validity was also strong, with positive correlations to the DASS-21 (r = 0.72), supporting its use in measuring emotion regulation difficulties.[8]

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