

### BACH -Self-Test Questionnaire

1	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have vague fears that you cannot explain?
2	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you often find yourself distressed and anxious, but are unable to put your finger on the problem?
3	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you wake with a sense of apprehension and foreboding, feeling that something bad may happen, but don't know what it may be?
4	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have specific fears you can identify and would like to overcome?
5	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you shy and easily frightened by particular circumstances and things?
6	<input type="checkbox"/> YES <input type="checkbox"/> NO	When faced with situations or things that frighten you, do you become nervous and too paralyzed to act?
7	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you fear losing control of your mind or body?
8	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you compulsive, or have impulses to do things you know are wrong but have difficulty controlling your actions?
9	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you fear losing control and hurting yourself or others?
10	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you worry over the health and safety of your friends and family?
11	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you fear that something may happen to those close to you?
12	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does your over-concern and worry for others cause you considerable distress?
13	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you suffer from extreme terror?
14	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you tend to panic and become hysterical?
15	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you troubled by nightmares?
16	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you lack confidence in your ability to judge things on your own and make decisions?
17	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find yourself asking other people's advice, even when you know what you want?
18	<input type="checkbox"/> YES <input type="checkbox"/> NO	After taking advice from others, do you find yourself confused by the choices, constantly changing your direction according to the latest recommendations?
19	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you suffer from indecision, uncertainty or hesitancy?
20	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have difficulty choosing between one thing and another?
21	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you experience extreme mood swings, or have difficulty in keeping your balance?
22	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you dissatisfied with your current position in life, feeling that life is passing you by?
23	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you tried many different jobs but nothing seems to bring satisfaction?
24	<input type="checkbox"/> YES <input type="checkbox"/> NO	Would you like to find a new career or change your old one, but have difficulty deciding what you should be doing?
25	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you lack confidence?
26	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you not try things for fear of failing?
27	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel inferior, and that others are more capable and qualified than you?
28	<input type="checkbox"/> YES <input type="checkbox"/> NO	On rising in the morning, do you find yourself tired, not wanting to work?
29	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel some part of you needs to be strengthened before you can tackle your job?

30	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find once you've started working your tiredness is forgotten, and your able to complete your task?
31	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you absentminded, or does your attention easily wander, making it difficult to concentrate?
32	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find you have little interest in present circumstances, often daydreaming, wishing you were somewhere else?
33	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find yourself dozing off frequently, regardless of where you are?
34	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find you are caught between living in the present and dwelling on memories of the past?
35	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there things you would like to have done with your life but never had the opportunity to do it?
36	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find yourself reminiscing about the good old days, wishing you were able to live your life over again?
37	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find you are indifferent and apathetic toward life?
38	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you resigned to your current circumstances, making little effort to improve things or find joy?
39	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel you've given up and don't care one way or another what happens?
40	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you troubled with persistent unwanted thoughts?
41	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you worry or have mental arguments which circle around in your mind?
42	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have difficulty sleeping due to mental chatter and worries?
43	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find you don't learn from past experiences, repeating the same mistakes or pattern of behavior?
44	<input type="checkbox"/> YES <input type="checkbox"/> NO	Due to lack of observation, do you find it necessary to go over things already done?
45	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is there a particular situation or condition continually recurring in your life, which you would like to overcome?
46	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you now going through, or have you recently gone through an illness or personal ordeal, which left you physically and mentally drained?
47	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you tire easily with no reserve energy to complete your tasks or enjoy the day?
48	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel sapped of strength and vitality, where even the least effort exhausts you?
49	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do others find you aloof, prideful and at times condescending?
50	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you keep to yourself not wishing to be interfered with or to interfere in other people's affairs?
51	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you self-reliant and prefer spending your time alone?
52	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find yourself losing patience, becoming tense and irritable with people and things that move to slowly for you?
53	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you do things in a rush, racing from one place or situation to another?
54	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find you need to work alone, because others can't keep up with your pace?
55	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find others avoiding conversation with you because you tend to talk a great deal?
56	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you dislike being alone and seek the company of any one willing to listen to your troubles?
57	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel the need to steer conversations back to your special interests or problems, and are reluctant to discontinue them even when the listener has to leave?
58	<input type="checkbox"/> YES <input type="checkbox"/> NO	When worried or in pain, do you tend to conceal it from others, making light of even the trying of circumstances?
59	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you go out of your way to avoid burdening others with your problems, giving into the wishes of others in order to avoid an argument or quarrel?

60	<input type="checkbox"/> YES <input type="checkbox"/> NO	When troubled, do you find yourself drinking alcohol or using stimulants or other drugs to assist in keeping up a happy disposition?
61	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you easily imposed on because of your willingness to help others?
62	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is it difficult for you to say no when you're asked for help, becoming more a servant than willing helper?
63	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you neglect your own needs because you are too busy taking care of the needs of others?
64	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you involved in a relationship or situation you would like to be free of, but cannot break away from?
65	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently in a state of change or transition?
66	<input type="checkbox"/> YES <input type="checkbox"/> NO	In the midst of this change, do you find that you're having difficulty in letting go of past attachments or in starting new beginnings?
67	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you suspicious and mistrusting of other people's motives and intentions?
68	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do others find you spiteful, envious, jealous or vengeful?
69	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find yourself lacking compassion or warmth toward others?
70	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you rarely content with your accomplishments, feeling that you could always do a better job?
71	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you blame yourself for other people's mistakes, feeling that their shortcomings are in some way your fault or responsibility?
72	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you hard on yourself when you fail to live up to the standards or expectations you've set for yourself?
73	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you tend to overextend your work commitments
74	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel yourself overwhelmed by your work, and despite being capable, feel you have taken on more than you can do?
75	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you become despondent when faced with the magnitude of your responsibilities?
76	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have there been past traumas or shocks in your life which you may not have completely recovered from?
77	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel a past surgery or accident is responsible for your present condition?
78	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you recently, or in the past suffered a personal loss, which you have not quite gotten over?
79	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel you've reached the limits of your endurance, and there's nothing but annihilation left to face?
80	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you suffer from mental anguish and deep despair?
81	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel that the burden of life is more than you can bear?
82	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you lost hope that you will recover from or be helped in overcoming an illness or difficulty?
83	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel it useless to seek further help for your problems?
84	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you given up hope that things will change for the better in some circumstance or situation in your life?
85	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you ever become gloomy and depressed for no known reason?
86	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does this depression envelop you like a dark cloud, hiding the joy of life?

87	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find this gloom and depression, for no apparent reason, lifts as suddenly as it comes?
88	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you easily discouraged when things don't go your way?
89	<input type="checkbox"/> YES <input type="checkbox"/> NO	When setting out to accomplish a task, do you become oversensitive to small delays and hindrances, which may lead to self doubt, and at time to depression?
90	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is it hard for you to start over again once you've encountered difficulties?
91	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you one who tirelessly struggles on despite opposition and delays?
92	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can you always be depended on to complete what you set out to do, regardless of the challenge?
93	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you tend to throw yourself into your work, neglecting your own needs, as well as the needs of those close to you?
94	<input type="checkbox"/> YES <input type="checkbox"/> NO	Through no fault of your own, do you feel that life has been unfair or unjust to you?
95	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you become resentful and bitter toward those who may have treated you poorly?
96	<input type="checkbox"/> YES <input type="checkbox"/> NO	Despite all you have done, do you feel your best efforts have largely gone disregarded, while others not as deserving as yourself, have gained?
97	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel unclean or ashamed over an act you should not have committed, or over someone or something having violated you personally?
98	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find yourself preoccupied with small physical problems such as pimples, small blemishes or rashes while overlooking more serious conditions?
99	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel there is something wrong with or some things you would like to change, in your physical appearance?
100	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you compulsive about cleanliness, even at times to the extreme?
101	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you afraid of becoming, or feel you have already become, contaminated and need to be cleansed?
102	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you possessive of those close to you and feel you know what's best for them, often directing and correcting even small details of their lives?
103	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel you are not appreciated by those who care for you?
104	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you find yourself needing the attention and devotion of those you love, feeling its their duty to stay in close contact with you?
105	<input type="checkbox"/> YES <input type="checkbox"/> NO	When assessing people and situations, do you look for what you can find wrong?
106	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do the small habits and idiosyncrasies of others bother you?
107	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you critical and intolerant of those who don't measure up to your standards or expectations?
108	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have strong opinions, which you attempt to convince others are right?
109	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you easily incensed by injustices, arguing for and defending principles that you believe in?
110	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you high strung, at times tense and over-enthusiastic, always teaching and philosophizing?
111	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel you have a mission in life to conform with or live up to?
112	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you strict in your adherence to a religious or social discipline, or in a particular way of living?
113	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel it's important to make an example of yourself by living up to your ideals, so that others may follow?
114	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you tend to take charge in circumstances and situations you're involved with?
115	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you strong-willed and expect complete obedience (without question) from those around you?
116	<input type="checkbox"/> YES <input type="checkbox"/> NO	When taken to an extreme, can you become tyrannical and domineering?