



3 Portuguese Version of the Suicidal 4 Behaviors Questionnaire-Revised

5 Validation Data and the Establishment of a Cut-Score 6 for Screening Purposes

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13 **Abstract:** The aim of the present study is to provide validation data regarding the Portuguese version of the Suicidal Behaviors Questionnaire-
14 Revised in nonclinical individuals. Two studies were undertaken with two different nonclinical samples in order to demonstrate reliability,
15 concurrent, predictive, and construct validity, and in order to establish an appropriate cut-score for nonclinical individuals. A sample of 810
16 community adults participated in Study 1. Results from this study provided information regarding scale internal consistency, ~~exploratory and~~
17 confirmatory factor analysis, and concurrent validity. Receiver operating characteristic curve analysis established a cut-off score to be used
18 for screening purposes with nonclinical individuals. A sample of 440 young adults participated in Study 2, which demonstrated scale score
19 internal consistency and 5-month predictive validity. Further, 5-month test-retest reliability was also evaluated and the correlations of SBQ-R
20 scale scores with two other measures that assess constructs related to suicidality, depression and psychache, were also performed. In
21 addition, confirmatory factor analysis was undertaken to demonstrate the robustness of the result obtained in Study 1. Overall, findings
22 supported the psychometric appropriateness of the Portuguese Suicidal Behaviors Questionnaire-Revised.

23 **Keywords:** Suicidal Behaviors Questionnaire-Revised, Portuguese version, validation data, nonclinical samples, cut-score

25 Suicide and suicidal behaviors are an important public health
26 problem, not only in clinical populations but also in commu-
27 nity populations. Worldwide, almost 1 million die by suicide
28 each year (National Institute of Mental Health, 2009). In
29 Portugal, over 1,000 people die by suicide every year
30 (10.3 per 100,000 in the population; National Institute of
31 Statistics, 2013). For every death by suicide, there are many
32 times more attempted suicides and, further, a previous sui-
33 cide attempt is the single most relevant risk factor for sub-
34 sequent death by suicide in the general population (World
35 Health Organization, 2014).

36 Suicide is the third primary cause of death in the univer-
37 sity and college age group (Troister, D'Agata, & Holden,
38 2015), with research indicating that 9.5% of students have
39 seriously considered suicide in the previous year and 1.5%
40 have attempted to die by suicide (American College Health
41 Association, 2000). In demonstrating the occurrence of sui-
42 cidal behaviors in nonclinical populations, another investi-
43 gation of over 26,000 students at 70 US colleges (Drum,
44 Brownson, Burton Denmark, & Smith, 2009) found that
45 6% of undergraduate and 4% of graduate students had
46 seriously considered suicide and 0.85% of undergraduate

and 0.30% of graduate students had attempted to die by
47 suicide in the previous 12 months. Despite the importance
48 of predicting suicidal behaviors, their prediction remains
49 an extremely difficult task (Overholser, Braden, & Dieter,
50 2012), because suicidal behaviors are regarded as a multi-
51 factorial phenomenon (e.g., Hawton & van Heeringen,
52 2009).

53 Many attempts to develop measures for assessing suicide
54 risk have been undertaken (Brown, 2001), in particular
55 developing instruments focused on suicidal behaviors or
56 other behaviors that are closely associated with suicidal
57 risk. Brief screening measures are useful in order to include
58 or exclude at-risk participants in clinical samples, or to
59 screen and detect potentially suicide at-risk individuals in
60 the community and in epidemiological studies. Examples
61 of these short screening measures (Brown, 2001) are the
62 Paykel Suicide Items, the Suicidal Ideation Screening
63 Questionnaire, and the suicide item of the Hamilton Rating
64 Scale for Depression. The Paykel Suicide Items (Paykel,
65 Myers, Lindenthal, & Tanner, 1974) consist of five inter-
66 viewer-administered questions that have increasing levels
67 of intent. The Suicidal Ideation Screening Questionnaire
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