

Self-identification of mental illness scale (SELF-I)

Please indicate how much you agree or disagree with each of the following statements by ticking the appropriate box.					
	Don't agree at all	Don't agree	Undecided	Agree	Agree completely
Current issues I am facing could be the first signs of a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thought of myself having a mental illness seems doubtful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could be the type of person that is likely to have a mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I see myself as a person that is mentally healthy and emotionally stable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am mentally stable, I do not have a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>