



Development and psychometric validation of the Urdu-language Antisocial personality disorder scale for adults

Samia Rashid ^{1, 2}, Zaqia Bano ^{2, 3}

ABSTRACT

Objectives: To develop an Antisocial Personality Disorder Scale (ASPDS) for adults in Urdu language and evaluate its psychometric properties.

Methods: A cross-sectional analytical study was conducted from February 15 to June 20, 2019, on 234 adults (18-60 years) from different institutions of Gujrat, Pakistan. The ASPDS was developed through diagnostic criteria, literature review, and expert validation, with an initial pool of 91 items tested on 104 adults, refined to 66 items. Exploratory Factor Analysis (EFA) identified seven factors, excluding items with factor loadings below 0.4. Confirmatory Factor Analysis (CFA) validated the seven-factor structure, resulting in a 28-item scale. Reliability was assessed using Cronbach's alpha, and convergent validity was established by correlating ASPDS scores with the psychopathy subscale of Short Measure of Dark Triads (SD3).

Results: EFA identified seven factors explaining 62.35% of the variance, with factor loadings ranging from 0.44 to 0.73. CFA confirmed the model fit (CFI = 0.917, RMSEA = 0.063), and the final ASPDS comprised 28 items. The scale demonstrated high internal consistency, with a Cronbach's alpha of 0.94 and subscale reliabilities ranging from 0.67 to 0.91. Convergent validity was confirmed by a significant correlation ($r = 0.692$, $p < 0.01$) with the SD3 psychopathy subscale. The Kaiser-Meyer-Olkin measure was 0.93, and Bartlett's test of sphericity was significant ($p < 0.001$). Data were analyzed using SPSS-21 and AMOS-21.

Conclusion: ASPDS is a reliable and valid tool for assessing antisocial personality disorder among adults. Its strong psychometric properties and alignment with established measures support its utility in clinical and research settings.

Keywords: Personality Assessment (MeSH); Antisocial Personality Disorder (MeSH); Scale development (Non-MeSH); Scale validation (Non-MeSH).

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- 1: Department of Psychology, University of Gujrat, Gujrat, Pakistan
- 2: Department of Psychology, National University of Medical Sciences, Rawalpindi, Pakistan
- 3: Department of Clinical Psychology, NIUR International University, Lahore, Pakistan

Email : zakibatool@gmail.com

Contact #: +92-347-6681017

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disorder in childhood, which can evolve into conduct disorder in adolescence and ultimately lead to ASPD in adulthood. Low socialization scores are a common indicator of ASPD in adulthood.⁴ Studies show that approximately 47% of individuals with ASPD have significant interactions with the criminal justice system.⁵ The term "antisocial personality disorder" was introduced by Philippe Pinel, a French physician, in response to the impulsive and damaging behavior of his patients. Historically, ASPD was referred to as psychopathy or sociopathy until the DSM-III in 1980, with both terms used interchangeably to describe individuals lacking empathy. While these terms share similarities, a key distinction exists: psychopaths lack morality and empathy, whereas sociopaths may have a conscience but one that is inconsistent with societal norms.⁶ Antisocial behaviors exhibited before age 18 are classified as conduct disorder. However, if these behaviors persist into adulthood, they are diagnosed as ASPD.⁷ Research indicates that ASPD is more prevalent in less-educated and lower-class populations.⁸ ASPD affects an estimated 0.6% to 3.6% of adults, with men being three times more frequently affected than women. Co-occurring mental health disorders, such as depression, anxiety, bipolar disorder, and substance use disorders, are common among individuals with ASPD.¹ Several measurement tools have been developed to assess antisocial behavior, including the Antisocial Personality Questionnaire (APQ) by Blackburn and Fawcett, which

INTRODUCTION

Antisocial personality disorder (ASPD) is characterized by a disturbed disposition, marked by behaviors such as rule-breaking, violation of social norms, disrespect for others' rights, physical and verbal aggression, reckless behavior, and a lack of remorse or guilt, even in extreme cases such as harming others. Individuals with ASPD often exhibit irresponsibility, deceitfulness, and a willingness to harm others for personal gain. They are prone to physical confrontations, including with family members, and derive pleasure from betraying and disregarding others' well-being.¹

The term "antisocial behavior" refers to dysfunctional actions, attitudes, and personality traits that frequently result in negative interpersonal and societal outcomes.² Despite advancements in theoretical and methodological approaches, there remains disagreement over the nature and scope of antisocial behavior. Research in this field has often been inconsistent, with varying conceptual frameworks and methodologies, complicating the integration of findings and suggesting that the constructs may be distinct.³

Antisocial behaviors, if persistent, typically begin in childhood or adolescence and can extend into adulthood. These behaviors are initially recognized as oppositional defiant

is a self-report inventory consisting of 125 questions.⁹ The Psychopathy Checklist (PCL) contains 22 items divided into two factors, each reflecting a distinct set of characteristics associated with psychopathy.¹⁰

Personality disorders, including ASPD, have long been a subject of debate in psychiatry and psychology. However, understanding dysfunction requires knowledge of the normal course of personality development. Cultural differences may influence psychological assessments, as most psychological exams, including those in Pakistan, are administered in English, which could lead to misinterpretation of results due to cultural variations. Cross-cultural assessment remains a complex issue, as standardized exams applied across different cultural contexts may not accurately measure psychological constructs due to cultural influences on personality traits.

The purpose of the current study was to develop an Antisocial Personality Disorder Scale for adults in the Urdu language and to evaluate its psychometric properties.

METHODS

This study was conducted between February 15 and June 20, 2019, using a cross-sectional analytical study design. The study was approved by the Departmental Research Review Committee (DRRC) of the Psychology Department, University of Gujrat, Pakistan, after addressing ethical concerns. Data were collected from various government and private colleges, universities, hospitals, and community settings in Gujrat, Pakistan.

Scale development: The initial phase of the study focused on developing the Adult ASPDS using standardized methods for scale development.¹¹ Items were generated based on the diagnostic criteria for antisocial personality disorder, symptoms reported in the literature, and expert opinions. Items were formulated as ordinal-level statements, structured sequentially from weaker to stronger expressions, and presented in a multiple-choice format. These items aimed to capture thoughts, behaviors, and interpersonal relationships relevant to the disorder.

Content validation of the item pool was performed by subject specialists. Experts assessed each item for essentiality, appropriateness for adults, and relevance to the construct of personality disorders. After careful review, 91 items were finalized for initial testing.

Pilot testing: A purposive sampling technique was employed to recruit participants for the pilot phase, targeting individuals aged 18 and above from community, educational, and healthcare institutions. A total sample of 104 adults participated, providing consent before completing the scale. The scale was administered with a five-point Likert rating format: "Strongly Disagree" (1), "Disagree" (2), "To some extent" (3), "Agree" (4), and "Strongly Agree" (5). Reverse scoring was applied to reverse-worded items.

Pilot testing evaluated user understanding and identified potential issues with the items. Correlation analysis was conducted on item responses, and items with correlation coefficients below 0.40 were eliminated. The remaining 66 items demonstrated reliability and were retained for further validation.

Final administration: In the final administration phase, the refined 66-item scale was distributed to a sample of 234 participants aged 18 to 60 years, drawn from diverse settings including community centers, colleges, universities, and professional workplaces. Participants completed both the scale and a demographic form. Data analysis included item-total correlation, with items showing coefficients greater than 0.40 considered valid and reliable for inclusion in the final scale.

RESULTS

Exploratory factor analysis (EFA): Items with less than point four value i.e., <.4, were suppressed. Factor's extraction was based on eigenvalue more than 1. Four factors were explored through data reduction, exploratory factor analysis.

Results indicated that Kaiser-Meyer-Olkin measure of sampling was adequate i.e., .93, and Bartlett's test of

sphericity was significant ($p < .001$).

Initially, 7 factors were explored on the basis of fixed number of factors, which describe 60.22% variance. Below .4 factor loading value items were eliminated, and factor loading ranging from .40 to .73.

Seven factors extracted by factor analysis and according to diagnostic manual seven symptoms required to identify this behavioural disruption. Some factors explained single symptom but few others muddled with each other, expressing some symptoms in an alternate feature or domain. For example, two symptoms deceitfulness and aggressiveness fall in a single domain. Contrary a single symptom impulsivity and non-consideration scattered into two aspects. Similarly, lack of remorse or compensation is a single symptom but segregated into two dimensions. Exploratory factor analysis explored 7 factors which explained 62.35% variance. Factors with one item were rejected and seven factors left. Items with factor loading below .4 were eliminated, and factor loading of this scale ranged from .44 to .72 (Table II).

Confirmatory factor analysis (CFA): Amos Graphics7 was used to run the confirmatory factor analysis. Outcomes that drawn though EFA drained conclusions were accepted through CFA. Finalizing the same seven extracted factors with just reduction of items, bottom most two and uppermost eight questions in an aspect.

Although CMIN/DF and RMSEA values were acceptable but to improve the model doubtful questions of modification indices; covariance and regression weight were detected and discarded.

Figures of confirmatory factor analysis of ASPDS of adults having 7 factors depicted in the above-mentioned table. The above figure got through the deletion of unconvinced queries i.e., 1, 2, 4, 8, 11, 14, 17, 18, 20, 22, 23, 24, 26, 28, 31, 34, 35, 37, 38, 40, 41, 43, 44, 45, 46, 47, 49, 52, 54, 55, 56, 57, 60, 61, 62, 64, 65, and 66. Model fit indicated CFI = .917, GFI = .838, RMSEA = .063, and CMIN/DF = 1.91, with significance level $p < .001$. the resultant values depicted the appropriateness of the measure.

Table I: Correlation coefficient of 66 items of Antisocial personality disorder (n=104)

Sr. No.	Item No.	R	Sr. No.	Item No.	R
1	1	.436**	34	52	.463**
2	2	.524**	35	54	.603**
3	3	.614**	36	56	.441**
4	4	.574**	37	58	.460**
5	5	.567**	38	59	.528**
6	7	.689**	39	60	.508**
7	8	.556**	40	61	.608**
8	9	.541**	41	62	.738**
9	10	.626**	42	63	.714**
10	12	.564**	43	64	.646**
11	13	.423**	44	65	.576**
12	18	.593**	45	66	.614**
13	19	.501**	46	67	.603**
14	21	.643**	47	68	.563**
15	25	.457**	48	39	.691**
16	26	.544**	49	70	.660**
17	27	.454**	50	71	.742**
18	30	.523**	51	72	.648**
19	31	.606**	52	73	.627**
20	32	.506**	53	74	.658**
21	33	.658**	54	75	.637**
22	34	.567**	55	76	.492**
23	35	.609**	56	77	.532**
24	36	.618**	57	78	.642**
25	37	.579**	58	79	.490**
26	38	.492**	59	80	.404**
27	42	.600**	60	81	.662**
28	44	.502**	61	82	.421**
29	46	.488**	62	83	.586**
30	48	.577**	63	84	.524**
31	49	.545**	64	85	.478**
32	50	.451**	65	86	.516**
33	51	.575**	66	89	.499**

** Correlation is significant at the 0.01 level (2-tailed)

Phase II: Determination of Psychometric Properties of Antisocial Personality Disorder Scale

A) Cronbach's alpha reliability: Cronbach Alpha of Antisocial Personality Disorder Scale presented in the table Antisocial Personality

Disorder has .94 Cronbach alpha reliability coefficient which is highly significant value and well supported by literature.

The reliability of subscale ultimately contributed to the overall reliability of the whole scale and the subscales of antisocial personality disorder expressed a good reliability which is mentioned in table VI i.e., .891 of Apathy, .911 of deceitfulness and aggressiveness, .753 of egocentric, .768 of lack of remorse, .670 of impulsiveness, .713 of recklessness and .679 of non-compulsive behaviour.

Construct validity of antisocial personality disorders scale: Sample of 55 (n=55) Male=32, Female=23 recruited from colleges and university faculty and students and community population.

I) Instrument: To validate Antisocial Personality Disorder Scale, translated version of SD3 (Short measure of Dark Triads);^{12,13} subscale Psychopathy was picked. SD3, psychopathy was designed to assess the impulsivity, callousness, and antisocial behavior.

ii) Results: Convergent validity of ASPDS and SD3 Scale was $r = .692^{**}$ which showed a moderate level reliability. SD3 scale consists of 27-items and it is used to measure the three traits of Machiavellianism, narcissism, and psychopathy. These traits are related to the ASPDS.

ASPDS (English & Urdu versions) are given as Annexures (I & 2).

DISCUSSION

The current study aimed to develop and evaluate the psychometric properties of ASPDS for adults in the Urdu language. The findings indicate that the ASPDS is a reliable and valid tool for assessing antisocial personality traits, as evidenced by strong psychometric properties. EFA identified a robust seven-factor structure, explaining 62.35% of the total variance, while CFA validated the model with satisfactory fit indices (CFI = 0.917, RMSEA = 0.063). The final 28-item scale demonstrated excellent internal consistency (Cronbach's alpha = 0.94) and significant convergent validity, as reflected in a strong positive correlation

Table II: Kaiser-Meyer-Olkin (KMO) and Bartlett's test of sphericity (n=234)

Variable	Kaiser-Meyer-Olkin		Bartlett's Test	
	Chi-Square		Df	Sig
Antisocial Personality Disorder Scale (APDS)	.933	12584.627	2145	.000

$r = .692^{**}$. Rule of thumb for Interpreting the Size of a Correlation Coefficient is .90 to 1.00 = Very high positive correlation, .70 to .90 = High positive correlation, .50 to .70 = Moderate positive correlation, .30 to .50 = Low positive correlation, same

Table III: Factor loading of 62 item on Antisocial personality disorder scale after varimax rotation (n=234)

Sr. No.	Item No.	1	2	3	4	5	6	7	Sr. No.	Item No.	1	2	3	4	5	6	7
1	23	.519							32	44		.550					
2	24	.587							33	45		.529					
3	25	.582							34	47		.585					
4	33	.562							35	64		.430					
5	35	.527							36	26			.460				
6	40	.513							37	39			.468				
7	41	.665							38	56			.589				
8	42	.697							39	58			.728				
9	43	.679							40	59			.605				
10	46	.442							41	61			.674				
11	48	.598							42	62			.473				
12	49	.573							43	63			.609				
13	50	.625							44	14				.536			
14	51	.675							45	15				.602			
15	52	.731							46	16				.661			
16	53	.712							47	17				.571			
17	54	.617							48	18				.543			
18	57	.432							49	38				.646			
19	60	.467							50	30					.511		
20	4		.608						51	31					.519		
21	7		.629						52	32					.408		
22	8		.477						53	33					.609		
23	9		.649						54	37					.613		
24	10		.493						55	66					.491		
25	13		.605						56	1						.618	
26	19		.584						57	2						.481	
27	21		.645						58	5						.615	
28	22		.506						59	6						.562	
29	27		.575						60	3							.719
30	28		.678						61	12							.474
31	29		.652						62	55							.510

Extraction Method: Principal Component Analysis; Rotation Method: Varimax with Kaiser Normalization; Note: (Values < .4 are suppressed).

Table IV: Model fit summary of confirmatory factor analysis (n=234)

P Value	CMIN/DF	GFI	AGIF	CFI	RMSEA	RMR
.000	1.914	.838	.798	.917	.063	.043

CMIN/DF: chi-square minimum/degree of freedom; GFI: Goodness of Fit Index; CFI: Comparative Fit Index, AGFI: Adjusted Goodness of Fit Index; RMSEA: Root Mean Square of Error Approximation

Table V: Cronbach alpha of Antisocial personality disorder scale (n=234)

Scale	Cronbach's Alpha	Number of Items	Sig
AntiSocial Personality Disorder Scale (ASPD)	.943	28	.000

Table VI: Cronbach alpha of subscales of Antisocial personality disorder scale (n=234)

Subscales	Total items	Cronbach Alpha
1. Apathy	7	.891
2. Deceitfulness and aggressiveness	8	.911
3. Egocentric	4	.753
4. Lack of remorse	2	.768
5. Impulsiveness	3	.670
6. Recklessness	2	.713
7. Non-compensation behaviour	2	.679

Note: **P<.01

Table VII: Validity analysis of Antisocial personality disorder scale (n=54)

Scales	1	2
1. AS	-	
2. SD3*	.692**	-

* Short measure of Dark Triad **p<.01

with the psychopathy subscale of the Short Measure of Dark Triads ($r = 0.692$, $p < 0.01$). These results highlight the ASPDS as a comprehensive, psychometrically sound instrument for assessing antisocial personality disorder in Urdu-speaking populations, fulfilling the study's primary objective.

ASPDS analysis determines seven facets, removing below .4 value item that were 4 in number, revealing 60.22% variance and .40 to .73 factor loading. Furthermore, Kaiser-Meyer-Olkin measure .93 was adequate, and Bartlett's test of sphericity was significant ($p < .001$). CFA finalized the same seven dimensions as cited in DSM-V symptomatology, after modification, deletion and rejection of items. After deleting 34 odd questions with high regression weights, proceed to

covariance check and following covariance has been executed between item 25 and 50, 25 and 51, 7 and 9, and 21 and 27 to enhance the values. Among 66 items 28 items were considered as the final supporting values scale. Model fit indicated CFI = .917, GFI = .838, RMSEA = .063, and CMIN/DF = 1.91, with significance level $p < .001$. Typically, values above 0.90 are regarded as good but, values above 0.80 may be deemed acceptable. Simulation studies imply that GFI and AGFI are dependent on sample size. Both indicators decrease with increasing model complexity, especially for smaller sample sizes.¹⁴

Validity of antisocial personality scale with Short Dark Triad subscale Psychopathy (SD3)¹² translated into Urdu language¹³ was moderate in range

rule for negative correlation. Reliability of scale and subscale was excellent $\alpha = .943$.¹⁵ All potential measurement models for the ASPDS have adequate fit indices, with only minor variations between them.

Because there aren't many screening tools available for the diagnosis of antisocial personality disorder, a useful and socially and culturally valid one was much needed. Since it's well-known that tools created for one group of people may not be regarded as reliable and consistent by other groups, it's better to have a tool with cultural criteria than one without. This study filled the gap left by the paucity of research on the antisocial personality scale in Pakistan by developing an important tool to assess antisocial personality disorder.

Limitations of the study and suggestions

The study has several methodological limitations. One key limitation is the relatively small sample size, which may restrict the generalizability of the findings. Future research should address this by utilizing larger, more diverse samples from various linguistic and cultural contexts to enhance the scale's applicability and robustness. Additionally, further validation studies are recommended to strengthen the psychometric soundness of the ASPDS. Adapting and translating the scale into other languages would also enable its broader use across different populations.

To establish criterion validity more comprehensively, future studies should explore the scale's relationship with other validated measures of antisocial behavior and attitudes. If the ASPDS demonstrates strong alignment with antisocial behavior, particularly in forensic and correctional settings, it could become a time-efficient tool for assessing such traits. Expanding the scope of research to community-based samples and diverse contexts where antisocial behavior can be measured would provide valuable insights and further confirm the utility of the scale.

CONCLUSION

The ASPDS is a psychometrically robust and culturally relevant tool for assessing

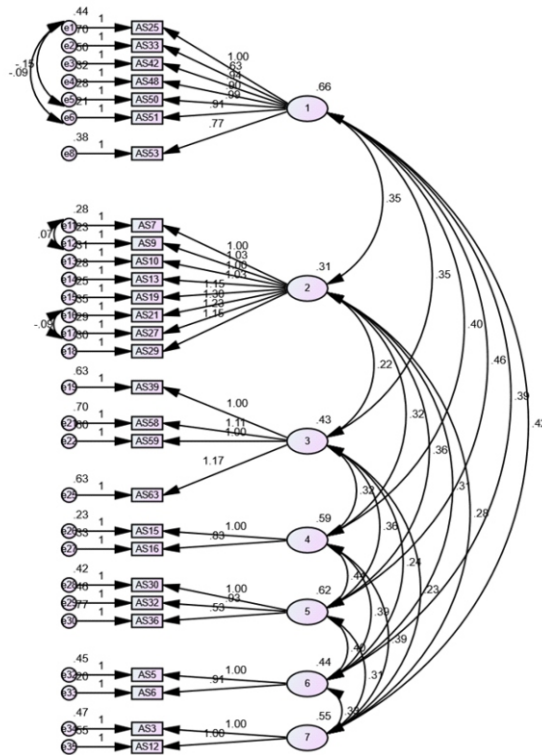


Figure 1: Confirmatory factor analysis of Antisocial Personality Disorder Scale

antisocial personality disorder in Urdu-speaking adults. Its strong reliability, validity, and alignment with established measures underscore its utility in both clinical and research settings. This 28-item scale provides mental health professionals, researchers, and practitioners with a reliable method to evaluate antisocial personality traits, making it particularly useful in forensic, correctional, and community-based contexts. Additionally, the ASPDS holds promise for monitoring the effectiveness of intervention programs aimed at addressing criminal and antisocial behaviors. Future studies should focus on further validation across diverse populations and contexts to expand its applicability and ensure its broader use.

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AUTHORS' CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

SR & ZB: Conception and study design, acquisition, analysis and interpretation of data, drafting the manuscript, critical review, approval of the final version to be published

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST

Authors declared no conflict of interest, whether financial or otherwise, that could influence the integrity, objectivity, or validity of their research work.

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DATA SHARING STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request



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KMUJ web address: www.kmuj.kmu.edu.pk

Email address: kmuj@kmu.edu.pk

APPENDIX-01

Antisocial Personality Disorder Scale

Test Instructions

Item Scoring Format

1 = Strongly Disagree. 2 = Disagree. 3 = To some extent. 4 = Agree. 5 = Strongly Agree.

*No reverse scoring for any item.

Subscales	Item No.	Total items
1. Apathy	1-7	7
2. Deceitfulness and aggressiveness	8-15	8
3. Egocentric	16-19	4
4. Lack of remorse	20-21	2
5. Impulsiveness	22-24	3
6. Recklessness	25-26	2
7. Non-compensation behaviour	27-28	2

APPENDIX-02

Antisocial Personality Disorder Scale (ASPD)

نام: _____ عمر: _____ جنس: (مرد) (عورت) تعلیم: _____

ماہانہ آمدنی: (۱۵۰۰۰، ۱۶۰۰۰، ۲۰۰۰۰، ۲۱۰۰۰، ۵۰۰۰۰، ۵۰۰۰۰ سے اوپر)

ازدواجی حیثیت: (غیر شادی شدہ) (شادی شدہ) خاندانی نظام: (غیر جانبدار) (مشرکہ)

نمبر شمار	سوالات	بالکل غیر متفق	غیر متفق	کسی حد تک متفق	متفق	بالکل متفق
۱	میرے نزدیک دوسروں کی خواہشات و احساسات کی کوئی قدر نہیں۔					
۲	میں دوسروں کا درد محسوس نہیں کر سکتا/کتی۔					
۳	تو انہیں عمل کرنے کے لیے نہیں ہوتے۔					
۴	میں معاشرتی حدود کا خیال نہیں رکھتا/کتی۔					
۵	میں خاندانی اصولوں کا خیال نہیں رکھتا/کتی۔					
۶	میں اخلاقی قوانین کو نہیں مانتا/کتی۔					
۷	مجھے انسانوں پر بھی رحم نہیں آتا۔					
۸	میں چوری کرتا/کتی ہوں۔					
۹	میں کسی دن تک گھر سے غائب رہتا/کتی ہوں۔					
۱۰	میں جانوروں پر ظلم کرتا/کتی ہوں۔					
۱۱	میں دوسروں کو دھوکہ دیتا/کتی ہوں۔					
۱۲	میں جھوٹ بول کر خوشی محسوس کرتا/کتی ہوں۔					
۱۳	میں ذاتی مفاد کے لیے دوسروں کو نقصان پہنچانے سے بھی گریز نہیں کرتا/کتی۔					
۱۴	میں اپنے گھروالوں کو مارتا/کتی ہوں۔					
۱۵	میں اپنے رویے کی وجہ سے بہت سی ٹوکریاں چھوڑ چکا/کتی ہوں۔					
۱۶	میں انا پرست ہوں۔					
۱۷	مجھے لگتا ہے کہ دوسروں سے معافی مانگنا کمزوری کی علامت ہے۔					
۱۸	میں بری سے بری صورت حال میں بھی پرسکون رہتا/کتی ہوں۔					
۱۹	مجھے کسی چیز سے ڈر نہیں لگتا۔					
۲۰	میں خود غرض ہوں۔					
۲۱	میں بغیر شہوت کے دوسروں پر اثرامہ کرتا/کتی ہوں۔					
۲۲	میں دوسروں کو برا بھلا کہتا/کتی ہوں۔					
۲۳	میں گالیاں دیتا/کتی ہوں۔					
۲۴	میں کسی کے احکام کی پیروی نہیں کر سکتا/کتی۔					