



SELF-INJURY SELF ASSESSMENT*

1. I was often told as a child that I had to be strong. True___ False___
2. I do not remember much affection being displayed in my family. True___ False___
3. Anger was the feeling most often displayed in my family. True___ False___
4. I rarely felt I could express my feelings to my family. True___ False___
5. As a child I remember my mother and/or father as overly intrusive. True___ False___
6. As a child I remember being sexually abused. True___ False___
7. As a child I remember being physically abused. True___ False___
8. As a child I remember being emotionally abuse. True___ False___
9. As a child my mother and/or father was emotionally absent. True___ False___
10. I remember times when I was punished for strong feelings. True___ False___
11. When I was upset or frightened, I was ignored. True___ False___
12. I grew up in a very religious household. True___ False___
13. I had a parent who was unable to raise me due to a physical illness or trauma. True___ False___
14. I grew up with a lot of double messages. True___ False___
15. I often think of myself as a "bad" person. True___ False___
16. I often believe that I'm at fault for everything that goes wrong. True___ False___
17. I often think that everyone would be happier if I were dead. True___ False___
18. I hate change. True___ False___
19. I seem to have an all-or-nothing attitude. True___ False___
20. I usually can't find words that explain how I feel. True___ False___
21. I am a perfectionist. True___ False___
22. I think I am a burden to others. True___ False___
23. I do not want to die; I just want to stop my emotional pain. True___ False___
24. My friends and family have become concerned about my body piercing. True___ False___
25. I have decided to continue piercing despite the fact that one or more significant others have told me that they are repulsed by it. True___ False___
26. I become anxious when anyone tries to stop me or prevent me from getting a new piercing. True___ False___
27. I have problems with drugs or alcohol. True___ False___
28. I have sometimes neglected to seek medical attention for an illness or injury when part of me knows that I should have. True___ False___
29. I have an eating disorder, or have had one sometime in the past. True___ False___
30. I have - or have had- a tendency to be promiscuous. True___ False___
31. I have overdosed on drugs. True___ False___
32. I often obsess about self-injury. True___ False___
33. I sometimes can't explain where my injuries come from. True___ False___
34. I get anxious when my wounds start to heal. True___ False___
35. I often believe that if I don't self-injure, I'll go "crazy." True___ False___
36. No one can hurt me more than I can hurt myself. True___ False___
37. I can't imagine life without self-injury. True___ False___
38. If I stop self-injuring, my parents win. True___ False___
39. I often self-injure as a way to punish myself. True___ False___
40. Self-injury is my best friend. True___ False___
41. I consider my tendency to self-harm an addiction. True___ False___
42. Many times I harm myself more out of habit than for any specific reason. True___ False___

43. I have self-injured: Only once__ 2-5 times__ 6-10 times__ 11-20 times__ 21-50 times__
More than 50 times__
44. When did you last harm yourself? Within the past 6 weeks__ Past six months__ Past year__
More than one year ago__?

Questions 1-14

The more questions you answered "true", the more likely it is that your early experiences were similar to those described by self-injurers.

Questions 15-23

The more questions you answered "true" in this section, the more your view of yourself matches the views commonly expressed by self-injurers.

Questions 24-31

If you answered "true" to any of these questions, it may signal that you have a serious problem with self-injury.

Questions 32-44

We suggest that anyone who answered "true" to any of these questions might benefit from consultation with a professional who understands self-injury. You may use the questionnaire as a tool for discussion during the consultation.

- I would like to speak with someone from S.A.F.E. ALTERNATIVES@.
- Please send me information about S.A.F.E. ALTERNATIVES@ and self-injury treatment.
- I would like to make an appointment for a phone screening (it will take approximately 1 hour).

Name _____

Address (street, city, state, zip) _____

Phone Number: _____ Email Address _____

Best time to reach you _____

Mail to: S.A.F.E. ALTERNATIVES®
P.O. Box 303
South Haven MI 49090

E-mail:

Note: This assessment may be copied.

***This assessment is based on our clinical experience and not research.
It is meant to be used as a tool for self evaluation and not intended to diagnose**