

Alexian Brothers Assessment of Self-Injury – Short Form

Name: _____

Date: _____

This questionnaire asks about a number of different things that people do to injure themselves. Please read each question carefully and respond honestly.

For each of the behaviors listed below, tell us how often in the last year (12 months) you have intentionally (on purpose) injure yourself without wanting to die. Please do not include anything that was an accident or was done with the goal of killing yourself. If you didn't do the behavior in the last year, just leave it blank.

In the last year, how often did you intentionally (on purpose) do the following things to injure yourself and/or cause pain:	Number of:		What age did you start?
	<u>DAYS</u> in the Past Year	<u>TIMES</u> each Day (on average)	
1. Cut yourself enough to tear the skin and/or bleed			
2. Scratched, rubbed, or pinched at your skin to the point of bruising or bleeding			
3. Burned or branded yourself			
4. Tattooed or pierced yourself to injure yourself and/or cause pain			
5. Choked yourself or constricted your own airway			
6. Pulled out hair, eyelashes, or eyebrows to injure yourself and/or cause pain			
7. Drawn blood from yourself			
8. Inserted or embedded objects into or under your skin			
9. Hit yourself			
10. Banged your head or any of your limbs against something			
11. Prevented injuries or wounds from healing			
12. Fallen down stairs to injure yourself and/or cause pain			

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In the last year, how often did you intentionally (on purpose) do the following things to injure yourself and/or cause pain:	Number of:		What age did you start?
	<u>DAYS</u> in the Past Year	<u>TIMES</u> each Day (on average)	
13. Carved into your skin (words, shapes, designs, etc...) to injure yourself and/or cause pain			
14. Broken your own limbs			
15. Gouged at your eyes, ears or other bodily parts			
16. Got into a fight to injure yourself or cause pain			
17. Ingested/swallowed items to injure yourself or cause pain			
18. Over-exercised to injure yourself or cause pain			
19. Restricted your eating, purged (threw up), or used laxatives to injure yourself or cause pain			
20. Acted out sexually to injure yourself or cause pain			
21. Not followed medical advice or made medical conditions worse to injure yourself or cause pain			

In the past year (12 months), how often did you:	None of the Time	Some of the Time	Half of the Time	Most of the Time	All of the Time
1. Have negative feelings or thoughts (distress, anger, sadness, anxiety, tension, self-criticism, etc...) immediately <i>before</i> self-injuring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have difficulties or problems with other people immediately <i>before</i> self-injuring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Experience a strong desire or urge to injure yourself that was difficult to resist <i>before</i> self-injuring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Think often about injuring yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I self-injure, I expect that it will:	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
1. Provide relief from negative feelings or thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fix or resolve problems with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Create or increase positive feelings (happy, joyful, excited, cheerful, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>