

## **Referentie**

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## **THE SELF-INJURY QUESTIONNAIRE - TREATMENT RELATED (SIQ-TR): CONSTRUCTION, RELIABILITY, AND VALIDITY IN A SAMPLE OF FEMALE EATING DISORDER PATIENTS.**

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### **Abstract**

Self-injurious behaviour (SIB) refers to the direct and deliberate damage of one's own body surface without suicidal intent. This is a considerable health problem occurring at a high frequency in psychiatric inpatients units. In order to design specific therapeutic interventions, the primary diagnostic task is to identify the current external and internal stimulus conditions that contribute directly to the instigation of SIB. But for that purpose we do not have good assessment instruments and therefore we developed a new self-reporting questionnaire: the Self-Injury Questionnaire - Treatment Related (SIQ-TR; see Appendix A) which not only assesses the taxonomic specifications of SIB (e.g., type, frequency, duration), but also the affective antecedents and consequences as well as the functions of each type of SIB separately. A validation study in 273 female eating disorder patients showed that we were able to construct four reliable and valid Emotions Scales (Positive/Negative Affectivity Before/After SIB) and three Functionality Scales (Positive Social Reinforcement, Automatic Positive/Negative Reinforcement). Convergent and divergent validity of the SIB characteristics, the Emotion Scales and the Functionality Scales were calculated by correlating the SIQ-TR with the Self-Harm Inventory, the Self Expression and Control Questionnaire and the

Symptom Checklist. Finally, we discuss how the SIQ-TR can be used to plan the therapeutic management of SIB.

## Introduction

Unlike the more general concept of self-harm, including indirect self-damaging behavior and suicidal attempts, self-injurious behaviour (SIB) refers to the direct and deliberate damage of one's own body surface without suicidal intent (Favazza, 1998). Since only a small proportion is really "mutilating" we avoid the term self-mutilation. Moreover, we restrict our clinical target by excluding self-injury in organic mental disorders, psychotic patients and mentally retarded people. SIB is a serious health problem occurring at a rate of 4% in the general adult population and 21% in adult clinical populations (Briere & Gil, 1998). Adolescence is a period of increased risk for SIB, as is evidenced by rates of 14 to 39% in community samples of adolescents (Ross & Heath, 2002) and 40 to 61% in adolescent psychiatric inpatient samples (Darche, 1990; Diclemente, Ponton, & Hartley, 1991). The high rate of SIB, certainly within psychiatric settings, and the psychological dysfunctioning often linked to such behaviors (Claes, Vandereycken, & Vertommen, 2003; Nock & Kazdin, 2002), underscore the need for a better understanding and treatment of these behaviors (Nock & Prinstein, 2004; 2005).

SIB has many forms together with a great diversity in meanings. In order to develop an individually tailored treatment plan, the primary diagnostic task is to pinpoint the behavior and its current developmental process, i.e. identifying the external (e.g., reduced social attention) and internal (e.g., anxiety, anger) stimulus conditions that contribute directly to the instigation of SIB. Hence, a treatment-related assessment seeks to determine the motives, purposes or functions of SIB (Gardner & Sovner, 1994). Though there are several assessment instruments, only a few measures systematically focus on the internal and external antecedents of SIB (for an overview see Claes, Vandereycken, & Vertommen, 2005). Faced with a growing number of female eating disorder patients showing SIB, we were challenged to design appropriate treatment plans (see Vanderlinden & Vandereycken, 1997). But the existing assessment tools were either too restricted or unreliable. Therefore, we developed a new self-reporting questionnaire, the Self-Injury Questionnaire -Treatment Related (SIQ-TR), to assess not only the taxonomic specifications of SIB (e.g., type, frequency, duration, and intensity), but also the affective antecedents/consequences and the functions of each type of SIB separately. In the remainder of this article, we describe the construction,

reliability and validity of the SIQ-TR, as we have developed and studied it in a large group of female eating disorder patients.

### **Construction of the SIQ-TR**

As mentioned above, we have clearly delineated SIB from other forms of self-harm and define it as any socially nonaccepted self-inflicted damage of the body surface without suicidal intent (no wish to die). One of the first features we wanted to specify is the *type of action* employed in SIB. Ross and McKay (1979) have used a behavioral-descriptive approach distinguishing nine categories: cutting, biting, abrading, severing, inserting, burning, ingesting or inhaling, hitting and constructing. We limited the assessment to five types of SIB which were frequently reported in our eating disorder samples: scratching, bruising, cutting, burning, and biting oneself; additionally the subject can specify another type of SIB. For each type we asked how long ago the patient had displayed this form of SIB. If it was less than a month ago, the subject had to fill out different questions concerning the taxonomy and functionality of that particular SIB.

A second feature to assess is the *localisation of SIB* on the body. Some assessment instruments use rather vague terms to describe the body parts involved (e.g., head, extremities) while others specify this in detail (e.g., left upper arm, right forearm). Another way is the use of localisation sheets on which one can point out which body part has been injured. We have chosen to let the subject indicate which of five body regions were mostly injured: (1) head, neck; (2) arms, hands, fingers, nails; (3) torso, belly, buttock; (4) legs, feet, toes; and (5) breasts or genitals.

The third feature is the *frequency of SIB during a specific period of time*. We gave the subject the opportunity to indicate how many days SIB did occur during the last month (between 1-5, 6-10, 11-15, more than 15 days). When multiple episodes are present, one can also specify – as fourth feature - the *frequency distribution of SIB during a specific period of time* (less than 1, 1 to 2, 3 to 4, more than 5 acts per day).

The fifth feature to be assessed is the *frequency of pain experience during SIB* (never, now and then, often, always); and the sixth feature refers to the *intensity of pain experience during SIB* (none, mild, moderate, strong, very strong). These questions are important because roughly one third of our SIB patients do not feel pain while injuring themselves, possibly due to a dissociative state at the moment of self-injury (Claes, Vandereycken, & Vertommen, 2001).

The seventh characteristic is an *attitudinal* one, assessed in four questions: (a) whether the SIB was planned, (b) whether the subject knows how the SIB came about, (c) whether the subject took care of the wounds, and (d) whether the subject did hide the self-inflicted wounds. Own research (Claes, Vandereycken, & Vertommen, 2001, 2003) showed that most acts of SIB are not planned, that wounds are seldom taken care of and are often concealed.

Next (eight and ninth feature), the *affective antecedents and consequences* of SIB were assessed. The emotion list referred to four basic emotions (Magai & McFadden, 1995): happiness (specified as glad, relieved), sadness (sad, guilty), anger (angry at myself, angry at other), and anxiety (nervous, bored, anxious), and one alternative of choice. These different affective states are supposed to merge on a higher order level into two affective clusters, a positive and negative affect (Frijda, 1993). For each of these emotions, the subject was asked to indicate on a 5-point Likert scale in which degree (not at all, a bit, moderately, much, very much) each of these affects were absent or present before and after SIB.

Finally, the *functionality* of each type of SIB (feature 10) was investigated by offering 11 possible functions (motives, reasons, purposes) and one free choice item: the subject had to indicate to which degree each of these functions were playing a role during SIB. The list of possible functions was based on the existing literature (Vanderlinden & Vandereycken, 1997; Suyemoto, 1998; Brown, Comtois, & Linehan, 2002; Herpertz, 1995). Vanderlinden and Vandereycken (1997) have proposed a functional scale according to the direct consequence of the SIB upon the psychological state of the patients, ranging from a highly rewarding effect to a highly destructive impact: relaxation (enjoying pain, diminishing tension, diverting attention, inducing dissociation); attention (obtaining self-affirmation, getting protection); stimulation (feeling one's body or identity, escaping from dissociation); punishment (e.g., because of guilt feelings, for being weak, undisciplined), and self-destructiveness (becoming unattractive, a parasuicidal act). More

recently, Nock and Prinstein (2004) proposed and evaluated four primary functions of SIB that differ along two dichotomous dimensions: (1) contingencies that are automatic versus social, and (2) reinforcement that is either positive (i.e., followed by the presentation of a favorable stimulus) or negative (i.e., followed by the removal of an aversive stimulus). Automatic-negative refers to an individual's use of SIB to achieve a reduction in tension or other negative affective states (e.g., to stop bad feelings). In automatic-positive reinforcement, individuals engage in SIB to create a desirable physiological state (e.g., to feel something, even if it was pain). Social-negative reinforcement refers to SIB as a means to escape from interpersonal task demands (e.g., to avoid punishment from others, to avoid doing something unpleasant). Social-positive reinforcement for SIB involves gaining attention from others or gaining access to materials (e.g., to try to elicit a reaction from someone even if it this is a negative reaction, to let others know how unhappy I am).

### **Validation study: Method**

The SIQ-TR as well as other questionnaires (measuring convergent and divergent constructs) were administered to a group of female eating disorder (ED) patients. Only the patients who admitted to have injured themselves "during the last week or month" were included in the study.

#### *Participants*

Participants were 273 female patients admitted to two specialized inpatient ED units in Belgium. Overall, 30.4% (N=83) of them admitted to have performed at least one type of SIB since less than a month. The mean age of the self-injurers was 24.8 years (SD=8.2). Of these patients, 54.2% finished primary and/or secondary education, 30.1% higher education and 12.0% university (3.6% missing).

#### *Procedure*

Data were obtained during a comprehensive evaluation routinely carried the first days of admission in the inpatient unit. The use of data from each patient's clinical record was approved for research purposes by the hospital's and university's institutional review boards. Patients with active psychosis or mental retardation were excluded. Beside the SIQ-TR patients filled out the following self-reporting questionnaires.

### *Measures*

The *Self-Harm Inventory* (SHI-22; Sansone, Wiederman, & Sansone, 1998) is intent to assess the extent to which psychiatric patients report engaging in SIB. Items were collected from the literature and the clinical experience of the authors and their associated multidisciplinary treatment teams. Patients are asked to indicate if they have ever intentionally engaged in any of the 22 examples of SIB ("yes" or "no"). Sample items include: "overdosed", "cut yourself on purpose", "burned yourself on purpose", "hit yourself on purpose", "banged your head on purpose", and "driven recklessly on purpose". A total SHI score is computed as the number of SIB that the patient reported (total of "yes" responses). Finally, there is an area for respondents to write down any SIB that was not specifically addressed in the questionnaire. SHI scores of 5 or greater were found to be indicative of borderline personality disorder and a score of 5 did accurately classify nearly 84% of individuals with and without borderline personality disorder (Sansone et al., 2000).

The *Self-Expression and Control Scale* (SECS; van Elderen, et al., 1996) measures internalization of anger (Anger-in), externalization of anger (Anger-Out), control of internalization of anger (Control Anger-In), and control of externalization of anger (Control Anger-Out). The internalization of anger (10 items;  $\alpha=0.87$ ) refers to the frequency of experienced feelings of anger, which feelings are internalized or directed inwardly. The externalization of anger refers to the frequency of experienced feelings of anger, which feelings are externalized or directed outwardly (10 items;  $\alpha=0.89$ ). Control of internalization of anger (10 items;  $\alpha=0.91$ ) refers to the frequency of attempts or behaviors to control inwardly directed feelings or expressions of anger; and control of externalization of anger (10 items;  $\alpha=0.90$ ) refers to the frequency of attempts or behaviors to control outwardly directed feelings or expressions of anger. Subjects can respond by rating themselves on a four-point frequency scale (1=almost never, 2=sometimes, 3=often, 4=always). The four subscales have shown high internal consistency coefficients; additionally, the intersubscale

correlations were low enough to justify different, albeit related concepts and, as such, different subscales (van Elderen et al., 1996).

The *Symptom Checklist* (SCL-90, Dutch version: Arrindell & Ettema, 1986) is a well-known measure for the assessment of a wide array of psychiatric symptoms. It comprises 90 items (symptoms) to be rated on a five-point scale ranging from “not at all applicable” to “strongly applicable”. Along with a global measure for psychoneuroticism ( $\alpha=0.97$ ), it measures complaints of general and phobic anxiety ( $\alpha=0.88/\alpha=0.87$ ), depression ( $\alpha=0.91$ ), somatization ( $\alpha=0.88$ ), obsessions/compulsions ( $\alpha=0.84$ ), paranoid ideation and interpersonal sensitivity ( $\alpha=0.92$ ), hostility ( $\alpha=0.84$ ), and sleeplessness ( $\alpha=0.82$ ). The validity studies of the SCL-90 demonstrated levels of concurrent, convergent, discriminant and construct validity from good to very good (see Arrindell & Ettema, 1986).

### *Analyses*

We used descriptive statistics to examine the frequency of different SIB actions as well as related characteristics of SIB. Various data-analytic procedures were used to evaluate the reliability (e.g., internal consistency coefficient or alpha coefficient), the construct validity (factor analysis) and convergent and divergent validity (Pearson correlation coefficient) of the SIQ-TR.

## **Validation study: Results**

Table 1 about here
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### *Types of SIB*

Overall, 30.4% (N=83) of the 273 female ED patients admitted to have injured themselves since less than a month: 55.4% (N=46) performed one type of SIB, 25.3% (N=21) two types, 14.5% (N=12) three types, 4.8% (N=4) four or more types of SIB. Of the 83 self-injurers, Of the 83 self-injurers 53% scratched themselves, 33.7% bruised, 53% cut, 13.3% burned, and 18.1% bit themselves.



The correlations between the different types of SIB are shown in Table 1, and range from 0.06 to 0.37. The alpha coefficient of the five different types of SIB is 0.62, meaning that they are related but separate constructs that need to be analyzed separately. The correlations between the different acts of SIB as assessed by the SIQ-TR (during the last week/month) and the same acts assessed by the SHI (during the last year) are in line with the expectations.

Table 2 about here

### *Characteristics of SIB*

Table 2 shows the frequencies and cumulative percentages of the different categorically scored characteristics of each type of SIB separately. Overall, the "arms, hands, and/or nails" are the most frequently injured body parts. SIB occurs on average "1 to 5 times a month", and "less than once a day". Most patients admit that they feel "now and then" some "mild" pain during SIB. The means and the standard deviations of the dimensionally scored SIB characteristics are shown in Table 3. Most patients admit that their SIB was seldomly planned ("never" or "sometimes"), that they "sometimes" realize how their SIB came about, that they "sometimes take care" of their wounds (except for bruising probably because this act doesn't cause bleeding wounds), and that they "often" concealed their wounds.

Table 3 about here

The significant relations between the characteristics of SIB were all in the expected direction: the frequency of SIB per month and the frequency of SIB per day are positively correlated ( $r=0.54$ ,  $p<0.001$ ), as well as the frequency of pain and the intensity of pain ( $r=0.71$ ;  $p<0.001$ ). Furthermore, the injuring of the arms and hands was positively associated with the planning of SIB (more planning;  $r=0.31$ ,  $p<0.05$ ) and the hiding of SIB (more hiding;  $r=0.32$ ,  $p<0.05$ ) and negatively with taking care of SIB (less wound care;  $r=-0.41$ ,  $p<0.05$ ). The frequency of SIB per month was negatively correlated with taking care of the wound (the more SIB, the less taking care of SIB;  $r=-0.35$ ,  $p<0.05$ ) as was the correlation between the

frequency of pain and the hiding of SIB (the more frequent pain was experienced during SIB, the less the SIB was hidden;  $r=-0.29$ ,  $p<0.05$ ), probably because the SIB needed to be taken care of.

Table 4 about here
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*Affective Antecedents/Consequences*

For each type of SIB, the patients were asked to indicate to which degree each of nine affects preceded and followed the act of self-injuring. To assess construct validity, we performed a component analysis on both the preceding feelings and the consequent feelings (see Table 4). The component structure that was most stable for both the preceding and the consequent feelings was the two factor solution, which accounts for 43.6% of the variance of the preceding feelings and 55.1% of the variance of the consequent feelings. In both solutions, the first component is labelled "negative affect" and the second component "positive affect".

The internal consistency of the four emotion scales was evaluated with Cronbach's alpha coefficients (Table 5). The alpha coefficient of the original "Negative Emotions before SIB Scale" was 0.47; after elimination of the item "Nervous" the alpha coefficient increased up to 0.61. Compared with the other items of the "Negative Emotions before SIB Scale", the item "Nervous" is less intense than other emotions, such as anger, anxiousness, sadness and guilt. The alpha coefficient of the "Positive Emotions before SIB Scale" was 0.14; however, after elimination of the negative affect "bored", the alpha coefficient increased to 0.78. The alpha coefficient of the original "Negative Emotions after SIB Scale" was 0.895; after elimination of the item "Nervous" the alpha coefficient slightly increased up to 0.896. The alpha coefficient of the "Positive Emotions after SIB Scale" was 0.51; after elimination of the negative affect "bored", the alpha coefficient remained 0.51. Although the increase in internal consistency is small for the "Negative/Positive Emotions after SIB Scales", we decided to eliminated the items because the emotion scales before and after SIB are comparable. The resulting alpha coefficients (presented in Table 5) ranged from 0.51 to 0.89, which suggests moderate to very good internal consistency reliability for each subscale. The fact that the "Positive Emotion Scales before/after SIB" have lower internal consistency coefficients than the "Negative Emotions

Scales" is due to the fact that the number of items of the Positive Emotion Scales is much smaller (and the alpha coefficient depends on the number of items in the scale).

Table 5 about here

The correlations between the "Negative Emotion Scales" (before/after SIB) and the "Positive Emotion Scales" (before/after SIB) are negative, and the negative correlation is strongest after the act of SIB. Furthermore, the correlation between the "Positive Emotions before SIB Scale" and the "Positive Emotions after SIB Scale" is positive, as well as the correlation between the "Negative Emotions before SIB Scale" and the "Negative Emotions after SIB Scale" (see Table 5). We checked by means of an dependent sample t-test whether the negative and positive emotion scales changed significantly before and after SIB. We found a significant decrease in negative emotions and a significant increase in positive emotions from pre- to post-SIB for scratching [Negative Affect:  $t(42)=3.62$ ,  $p<0.001$ ; Positive Affect:  $t(43)=-6.22$ ,  $p<0.0001$ ], bruising [Negative Affect:  $t(25)=2.99$ ,  $p<0.01$ ; Positive Affect:  $t(24)=-6.26$ ,  $p<0.0001$ ], cutting [Negative Affect:  $t(40)=3.64$ ,  $p<0.001$ ; Positive Affect:  $t(42)=-7.34$ ,  $p<0.0001$ ], and burning [Negative Affect:  $t(9)=2.42$ ,  $p<0.05$ ; Positive Affect:  $t(9)=-2.86$ ,  $p<0.01$ ]. For biting [Negative Affect:  $t(12)=4.45$ ,  $p<0.001$ ; Positive Affect:  $t(12)=0.37$ ,  $p=0.771$ ] we only found a decrease in negative affect, but no increase of positive affect.

Table 6 about here

Finally, we correlated the four emotion scales with the SECS and the SCL-90 (particularly the anxiety, depression, and hostility subscales). The findings (see Table 6) show a positive correlation between SECS "anger-in" and SIQ-TR "negative affect before SIB" and "positive affect after SIB". Furthermore, the "Anxiety", "Depression" and "Hostility" (Anger) Scales of the SCL-90 were positively related with SIQ-TR "Negative Emotions before SIB" and "Negative Emotions after SIB" (except for hostility) and negatively with "Positive Emotions Before/After SIB".

### *Functions of SIB*

For each type of SIB, the patient was asked to indicate to which degree each of eleven functions (reasons, motives, purposes) did play a role in the coming about of the particular SIB. Instead of analyzing each function of SIB separately, we performed a factor analysis on the eleven functions of SIB, to create separate function scales. Research by Nock and Prinstein (2004; 2005) supported the structural validity and reliability of a four-function model, with patients reporting engaging in SIB for automatic reinforcement (e.g., to stop bad feelings), automatic positive reinforcement (e.g., to feel something, even if it is pain), social negative reinforcement (e.g., to avoid doing something unpleasant you do not want to do) and social positive reinforcement (e.g., to get attention). Because we did not include "social negative reinforcement functions" in our list, we expected to find three function scales: (1) automatic reinforcement, (2) automatic positive reinforcement, and (3) social positive reinforcement.

Table 7 about here
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The results of our principal component analysis (Table 7) show that three components have an eigenvalue greater than one and account for 56% of the variance. The first component can be labelled "(social) positive reinforcement" as the functions with the highest loading refer to "show others how strong I am" and "get attention", while the other two functions also refer to getting a positive effect of SIB (being strong, feel pleasure). The notion that patient sometimes engage in SIB to gain attention or to manipulate others is often discussed in the clinical literature, yet like the other proposed functions, this notion has received little empirical support (Nock & Prinstein, 2004). The second component can be labelled as "automatic positive reinforcement", since individuals engage in SIB to create a desirable physiological state (e.g., to feel something, even if it's pain). The third component is labelled "automatic negative reinforcement" referring to an individual's use of SIB to achieve a reduction in tension or other negative affective states (e.g., to stop bad feelings). This function is the most commonly invoked in the clinical

literature and there is some empirical evidence supporting the automatic reinforcing properties of SIB (Nock & Prinstein, 2004).

Table 8 about here

Table 8 shows the alpha coefficients, the means, standard deviations and correlations for each of the three function scales. The internal consistency of the three scales was evaluated with Cronbach's alpha coefficients. The resulting alpha coefficients ranged from 0.65 to 0.70 (the alpha coefficient of A-PR increased to 0.69 after removal of the item "escape from dissociation"), which suggests moderate internal consistency reliability for each scale. The three subscales were significantly correlated. The magnitude of these correlations (0.17-0.30) indicates shared variance between 2.8% and 9% among the subscales. This supports the hypothesis that, although related, the three functions represent distinct constructs. The social positive reinforcement of SIB is scored lowest, followed by automatic positive reinforcement and automatic negative reinforcement for each type of SIB separately.

Table 9 about here

The three functions of SIB were correlated with the SIQ-TR "Emotion before/after SIB" scales, the SECS, and the SIQ-TR items "Hiding SIB" and "Planning SIB" (Table 9). On theoretical basis, one would expect that the "Social Reinforcement Function Scale" has a positive correlations with "anger out" (showing that something is wrong) and "Planning SIB" (when others are present) and a negative correlation with the item "hiding SIB". The "Automatic Positive/Negative Reinforcement Function Scales" are hypothesized to correlated negative with "anger out" and positive with "anger in" (not showing to others that something is wrong) and positively with the item "hiding SIB". "Social Positive Reinforcement" is significantly positively correlated with "positive feelings before/after SIB", "anger-out", and "planning SIB", and negatively with "hiding wounds". "Automatic Positive/Negative Reinforcement" is positively linked with "negative feelings before/after SIB" and "hiding wounds" and negatively associated with "anger out" and "planning of SIB" (a

function called automatic is of course expected to correlate negatively with planned SIB). As can be seen in Table 9, the "Social Positive Reinforcement Function" has the opposite correlation pattern of the "Automatic Positive/Negative Reinforcement Function Scales".

## Discussion

We have examined SIB using a functional rather than a syndromal approach. Whereas the latter focuses on the assessment and treatment of behaviors according to their static (momentary) and structural (topographic, nosologic) characteristics, a functional approach refers to the dynamic processes and developmental factors that produce and maintain these behaviors (antecedent and consequent influences). Nevertheless we designed a new self-reporting measure (SIQ-TR) that starts with the assessment of the taxonomic features of different types of SIB (e.g., frequency, duration, pain experience) but expands the scope to get a better insight in the emotional antecedents and consequences, as well as the functionality of SIB. The results of our study in a large sample of female ED patients show that we were able to develop reliable and valid scales for these purposes.

The principal component analysis revealed a two component solution as the most stable for both the preceding and consequent affects of SIB. The emotion scales confirm the hypothesis of the affect regulation function of SIB which is described as the most important in the clinical literature (e.g., Suyemoto, 1998; Brown, Comtois, & Linehan, 2002). A pre/post-SIB comparison clearly shows, as expected, an increase in positive affectivity and a decrease in negative affectivity. Furthermore, the results of our functionality scales are completely in line with the findings of Nock and Prinstein (2004), supporting the structural validity and reliability of a four-function model of SIB: patients engage in SIB for automatic negative reinforcement (e.g., to stop bad feelings), automatic positive reinforcement (e.g., to feel something, even if it is pain), social negative reinforcement (e.g., to avoid doing something unpleasant you do not want to do) and social positive reinforcement (e.g., to get attention). Because we did not include "social negative reinforcement" in our function list, we expected and confirmed three function scales: (1) Automatic Negative

Reinforcement, (2) Automatic Positive Reinforcement, and (3) Social Positive Reinforcement. The correlation pattern of the Social Reinforcement Scale and the two Automatic Reinforcement Scales was the opposite of each other: the Social Reinforcement Function was positively correlated with Anger-Out (SECS), Positive Affectivity, and Planning SIB, and negatively with Hiding Wounds; the Automatic Reinforcement Scales were positively correlated with Anger-In (SECS), Negative Affectivity, Non-planning SIB, and positively with Hiding Wounds.

The variety of functions suggests that different learning experiences may be involved in the development of SIB. Hence, for each individual patient, clinicians should consider appropriate therapeutic approaches related to the identified function of SIB (therefore our questionnaire is called "treatment related"). Interventions may be most effective if aimed at replacing SIB with functionally equivalent but adaptive behaviors. For instance, if SIB is maintained via automatic reinforcement, therapeutic interventions aimed at enhancing alternative affect regulation skills are to be preferred. Alternatively, if an individual's SIB is maintained via social reinforcement, approaches that focus on teaching more adaptive interpersonal communication skills are more likely to be effective (Linehan, 1993; Nock & Prinstein, 2004). The SIQ-TR may be used then as one of the instruments in the judgment of evolution during and after treatment.

Our instrument requires more investigation because of some limitations of the existing research. Future studies should include male patients and other psychiatric disorders. Our method of assessment relied exclusively on self-report at one time point. It is possible that observed relationships between variables may have been increased because of shared variance. Future research can be improved by using multiple informants, performance-based assessment methods, and the collection of data over several time points to ensure the validity and reliability of observed results (for an extensive overview, see Prinstein, Nock, Spirito, & Grapentine, 2001). But, on the other hand, making use of self-reports allows for an examination of reinforcement that is automatic thus less detectable by external informants as well as an assessment of SIB that occurs in situations where no one else is present (Nock & Prinstein, 2004, 2005). Anyhow, a reliable and clinically useful self-reporting instrument is indispensable, and we hope the SIQ-TR will fulfill these expectations.

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**Table 1. Frequencies, percentages and correlations of different types of SIB as measured with the SIQ-TR and correlations between the SIQ-TR (SIB during last week/month) and SHI (SIB during last year).**

SIQ-TR	N	%	SHI				
			1	2	3	4	5
1. Scratching	44	53	(0.43**)	0.34**	0.37**	0.06	0.28**
2. Bruising	28	33.7		(0.53**)	0.31**	0.23**	0.23**
3. Cutting	44	53			(0.71**)	0.26**	0.15**
4. Burning	11	13.3				(0.75**)	0.19**
5. Biting	15	18.1					-- <sup>o</sup>

<sup>o</sup> SHI has no item referring to "biting oneself"; Above the diagonal correlations between the SIBs as measured by the SIQ-TR; on the diagonal (between brackets) correlations between SIQ-TR and SHI; \*\* p<0.01

**Table 2. Frequencies (N) and cumulative percentages (C%) of characteristics of different types of SIB**

	Scratching (N <sub>max</sub> =44)		Bruising (N <sub>max</sub> =28)		Cutting (N <sub>max</sub> =44)		Burning (N <sub>max</sub> =11)		Biting (N <sub>max</sub> =15)	
	N	C%	N	C%	N	C%	N	C%	N	C%
<i>Body parts injured</i>										
Head										
No	28	65.1	14	50.0	43	97.7	6	100	14	93.3
Yes	15	100	14	100	1	100	0	100	1	100
Arms, hands, nails										
No	7	16.3	12	42.9	6	13.6	1	9.1	0	0
Yes	36	100	16	100	38	100	10	100	15	100
Torso, belly, buttock										
No	35	81.4	21	75	38	86.4	5	83.3	15	100
Yes	8	100	7	100	6	100	1	100	0	100
Legs, feet, toes										
No	32	74.4	20	71.4	31	70.5	5	71.4	15	100
Yes	11	100	8	100	13	100	2	100	0	100
Breasts, genitals										
No	40	93.0	27	96.4	42	95.5	6	100	15	100
Yes	3	100	1	100	2	100	0	100	0	100
<i>Frequency (days/month)</i>										
1-5	23	52.3	19	67.9	28	65.1	8	80	8	53.3
6-10	11	77.3	2	75	7	81.4	2	100	3	73.3
10-15	3	84.1	3	85.7	3	88.4	0	100	1	80
> 15	7	100	4	100	5	100	0	100	3	100
<i>Frequency (times/day)</i>										
< 1	20	45.5	13	48.1	25	56.8	9	81.8	6	40
1-2	19	88.6	8	77.8	17	95.5	2	100	6	80
3-4	2	93.2	4	92.6	2	100	0	100	0	80
≥ 5	3	100	2	100	0	100	0	100	3	100
<i>How often pain</i>										
Never	11	25	6	21.4	11	25	4	36.4	4	28.6
Now and then	26	84.1	13	67.9	22	75	3	63.6	5	64.3
Often	6	97.7	7	92.9	6	88.6	2	81.8	2	78.6
Always	1	100	2	100	5	100	2	100	3	100

---

*Degree of pain*

None	8	18.2	5	17.9	10	22.7	4	36.4	3	20.0
Mild	26	77.3	14	67.9	18	63.6	3	63.6	5	53.3
Moderate	8	95.5	7	92.9	10	86.4	4	100	5	86.7
Strong	2	100	2	100	6	100	0	100	2	100
Very strong	0	100	0	100	0	100	0	100	0	100

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**Table 3. Means (M) and standard deviations (SD) of characteristics of different types of SIB**

Characteristics <sup>a</sup>	Scratching (N <sub>max</sub> =44)		Bruising (N <sub>max</sub> =28)		Cutting (N <sub>max</sub> =44)		Burning (N <sub>max</sub> =11)		Biting (N=15)	
	M	SD	M	SD	M	SD	M	SD	M	SD
Planned	1.5	(0.7)	1.7	0.8	1.8	0.8	1.5	0.9	1.3	0.8
Not dissociated	2.2	(1.0)	2.4	0.8	2.3	0.9	2.3	0.9	1.7	1.0
Wound Care	2.5	(1.1)	1.5	0.9	2.6	1.1	2.3	1.1	2.0	1.1
Hiding Wounds	3.0	(0.9)	3.0	0.9	3.2	0.8	2.9	0.9	2.8	1.1

<sup>a</sup> Scored on a 4-point Likert scale: 1=never; 2=sometimes; 3=often; 4=always

**Table 4. Principal component analysis with varimax rotation of reported feelings before/after SIB**

Feelings	<i>Feelings before SIB</i>		<i>Feelings after SIB</i>	
	Component 1 Neg-B <sup>a</sup>	Component 2 Pos-B	Component 1 Neg-A	Component 2 Pos-A
Glad	-. <sup>b</sup>	0.79	-	0.51
Relieved	-	0.66	-	0.72
Nervous	0.44	-	0.62	
Bored	-	0.49	-	0.59
Angry Self	0.68	-	0.75	-
Angry Other	0.36	-	0.59	-
Anxious	0.88	-	0.80	-
Sad	0.67	-	0.78	-
Guilty	0.77	-	0.78	-

<sup>a</sup> Neg-B=Negative Emotions before SIB Scale; Pos-B=Positive Emotions before SIB Scale; Neg-A=Negative Emotions after SIB Scale; Pos-A=Positive Emotions after SIB Scale;

<sup>b</sup> Component loadings smaller than 0.35 are not mentioned

**Table 5. Means (M), standard deviations (SD), correlations and alpha coefficients for the Positive/Negative emotions before/after SIB scales**

Subscales	Scratching (N <sub>max</sub> =44)		Bruising (N <sub>max</sub> =28)		Cutting (N <sub>max</sub> =44)		Burning (N <sub>max</sub> =11)		Biting (N <sub>max</sub> =15)		Correlations (Overall)			
	M	(SD)	M	(SD)	M	(SD)	M	SD	M	SD	1	2	3	4
1. Neg-B	3.6	(0.9)	3.9	(0.8)	3.6	(0.9)	3.4	(1.1)	3.6	(0.7)	0.61	-0.05	0.42**	0.07
2. Pos-B	1.1	(0.3)	1.0	(0.2)	1.0	(0.3)	1.0	(0.0)	1.3	(0.6)		0.78	-0.06	0.15
3. Neg-A	2.9	(1.0)	3.2	(1.1)	2.9	(1.1)	2.9	(1.0)	2.8	(1.0)			0.89	-0.35**
4. Pos-A	2.1	(1.1)	2.2	(0.9)	2.4	(1.2)	1.9	(0.9)	1.3	(0.3)				0.51

Numbers on the diagonal are alpha coefficients; \*\* p<0.01



**Table 6. Correlations between the Emotions Before/After SIB Scales (SIQ-TR) and the Self-Expression Questionnaire and the Symptom Checklist Scales**

	Feelings Before/After SIB Scales			
	Neg-B	Pos-B	Neg-A	Pos-A
Self-Expression Questionnaire				
Anger In	0.40**	-0.07	0.18	0.39**
Anger Out	-0.16	0.02	-0.07	-0.04
Anger In Control	-0.23	0.09	0.07	-0.11
Anger Out Control	0.04	0.13	-0.04	0.04
Symptom Checklist (SCL-90)				
Anxiety	0.17	-0.14	0.28*	-0.20
Depression	0.37**	-0.16	0.28*	-0.03
Hostility	0.26*	-0.24	0.09	0.00

\*\* p<0.01

**Table 7. Principal component analysis with varimax rotation of reported functions for engaging in SIB**

Functions	Component 1	Component 2	Component 3
	S-PR	A-PR	A-NR
To show others how strong I am	0.87	-	-
To get attention from others	0.71	-	-
To show myself how strong I am	0.64	-	-
To feel some pleasure	0.61	-	-
To make myself unattractive	-*	0.77	-
To punish myself	-	0.71	-
To avoid or suppress suicidal thoughts	-	0.69	-
To escape from a twilight or numb state	-	0.53	-
To avoid or suppress negative feelings	-	-	0.83
To avoid or suppress painful images or memories	-	-	0.74
To get into a twilight or numb state	-	-	0.72

S-PR=Social Positive Reinforcement; A-PR=Automatic Positive Reinforcement; N-PR=Automatic Negative Reinforcement; \* Component loadings smaller than 0.22 are not mentioned

**Table 8. Means (M), standard deviations (SD), correlations and alpha coefficients for the Functions of SIB Scales**

Subscales	Scratch (N <sub>max</sub> =44)		Bruise (N <sub>max</sub> =28)		Cut (N <sub>max</sub> =44)		Burn (N <sub>max</sub> =11)		Bite (N <sub>max</sub> =15)		Correlations (Overall)		
	M	(SD)	M	(SD)	M	(SD)	M	SD	M	SD	1	2	3
1. S-PR	1.3	(0.4)	1.7	(0.8)	1.7	(0.8)	1.8	(1.1)	1.4	(0.6)	0.68	0.17*	0.20*
2. A-PR	2.5	(1.1)	2.5	(0.7)	2.5	(0.9)	2.7	(1.4)	2.0	(0.8)		0.65	0.30**
3. A-NR	3.0	(1.2)	3.0	(1.1)	3.1	(1.1)	3.0	(1.3)	2.7	(0.9)			0.70

S-PR=Social Positive Reinforcement; A-PR=Automatic Positive Reinforcement; N-PR=Automatic Negative Reinforcement; Numbers on the diagonal are alpha coefficients; \*p<0.05, \*\*p<0.01

**Table 9. Correlations between the Functions of SIB Scales and the Emotions Before/After SIB scales and the Self-Expression Questionnaire**

	Functions of SIB		
	S-PR	A-PR	A-NR
<b>Emotions Before/After SBI</b>			
Neg-B	0.04	0.38**	0.40**
Pos-B	0.28**	0.05	0.17
Neg-A	0.05	0.33**	0.32**
Pos-A	0.32**	0.11	0.33**
<b>Self-Expression Questionnaire</b>			
Anger-in	0.07	0.32*	0.43**
Anger-out	0.42**	-0.13	-0.25
Anger-in-control	-0.06	-0.05	-0.14
Anger-out-control	-0.12	0.05	0.01
<b>SIQ-TR</b>			
"Planned SIB"	0.21*	-0.016	-0.05
"Hiding Wounds"	-0.21*	0.22*	0.12

\*p<0.05, \*\*p<0.01

**APPENDIX A**  
**SELF-INJURY QUESTIONNAIRE**  
**Treatment Related (SIQ-TR)**

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Self-injurious behavior refers to various kinds of deliberate self-inflicted damage of one's own body surface (e.g., cutting oneself, burning oneself) but without suicidal intent (no wish to die).

In this questionnaire, five types of self-injurious behaviors are checked: scratching, bruising, cutting, burning, and biting oneself.

Each time you will be asked whether you have displayed a particular type of self-injury and, if so, to give more information about it (frequency, feelings, thoughts, etc.).

If you display a form of self-injury that is not mentioned in this questionnaire (e.g., serious hair pulling), you can specify it on the last page.

Thank you for your collaboration.

**A1 How long ago did you SCRATCH yourself until it bled?**

- a week (-> go to question A2)
- a month (-> go to question A2)
- several months (-> go to question B1)
- more than a year (-> go to question B1)
- never (-> go to question B1)

**A2 Which body parts did you injure most of the time?**

- head, neck
- arms, hands, fingers, nails
- torso, belly, buttocks
- legs, feet, toes
- breasts, genitals

**A3 On how many days did this occur during the last month?**

- from 1 to 5 days
- between 6 and 10 days
- between 11 and 15 days
- more than 15 days

**A4 How many times a day did this occur on average?**

- less than 1 time a day
- 1 to 2 times a day
- 3 to 4 times a day
- 5 or more times a day

**A5 How often did you feel pain during this act?**

- never
- now and then
- often
- always

**A6 To what degree did you feel pain during this act?**

- none
- mild
- moderate
- strong
- very strong

**A7 When this act occurred, then ...**

*1=never 2=sometimes 3=often 4=always*

It had been clearly planned beforehand	1	2	3	4
I realized how it had come about	1	2	3	4
I took care of the wound(s)	1	2	3	4
I hid the act from other people	1	2	3	4

*1 = Not at all 2 = A bit 3 = Moderately 4 = Much 5 = Very much*

**A8 How did you feel shortly BEFORE this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**A9 How did you feel shortly AFTER this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**A10 Why did you perform this act?**

To feel some pleasure	1	2	3	4	5
To avoid or suppress negative feelings	1	2	3	4	5
To avoid or suppress painful images or memories	1	2	3	4	5
To get into a twilight or numb state	1	2	3	4	5
To get attention from others	1	2	3	4	5
To escape from a twilight or numb state	1	2	3	4	5
To punish myself	1	2	3	4	5
To make myself unattractive	1	2	3	4	5
To avoid or suppress suicidal thoughts	1	2	3	4	5
To show myself how strong I am	1	2	3	4	5
To show others how strong I am	1	2	3	4	5
To avoid doing something unpleasant, you don't want to do	1	2	3	4	5
To avoid school, work, or other activities	1	2	3	4	5
To avoid being with people	1	2	3	4	5
Another reason (describe): .....	1	2	3	4	5

**B1 How long ago did you BRUISE yourself?**

- a week (-> go to question B2)
- a month (-> go to question B2)
- several months (-> go to question C1)
- more than a year (-> go to question C1)
- never (-> go to question C1)

**B2 Which body parts did you injure most of the time?**

- head, neck
- arms, hands, fingers, nails
- torso, belly, buttocks
- legs, feet, toes
- breasts, genitals

**B3 On how many days did this occur during the last month?**

- from 1 to 5 days
- between 6 and 10 days
- between 11 and 15 days
- more than 15 days

**B4 How many times a day did this occur on average?**

- less than 1 time a day
- 1 to 2 times a day
- 3 to 4 times a day
- 5 or more times a day

**B5 How often did you feel pain during this act?**

- never
- now and then
- often
- always

**B6 To what degree did you feel pain during this act?**

- none
- mild
- moderate
- strong
- very strong

**B7 When this act occurred, then ...***1=never 2=sometimes 3=often 4=always*

It had been clearly planned beforehand	1	2	3	4
I realized how it had come about	1	2	3	4
I took care of the wound(s)	1	2	3	4
I hid the act from other people	1	2	3	4

*1 = Not at all 2 = A bit 3 = Moderately 4 = Much 5 = Very much***B8 How did you feel shortly BEFORE this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**B9 How did you feel shortly AFTER this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**B10 Why did you perform this act occurred?**

To feel some pleasure	1	2	3	4	5
To avoid or suppress negative feelings	1	2	3	4	5
To avoid or suppress painful images or memories	1	2	3	4	5
To get into a twilight or numb state	1	2	3	4	5
To get attention from others	1	2	3	4	5
To escape from a twilight or numb state	1	2	3	4	5
To punish myself	1	2	3	4	5
To make myself unattractive	1	2	3	4	5
To avoid or suppress suicidal thoughts	1	2	3	4	5
To show myself how strong I am	1	2	3	4	5
To show others how strong I am	1	2	3	4	5
To avoid doing something unpleasant, you don't want to do	1	2	3	4	5
To avoid school, work, or other activities	1	2	3	4	5
To avoid being with people	1	2	3	4	5
Another reason (describe): .....	1	2	3	4	5

**C1 How long ago did you CUT yourself?**

- a week (-> go to question C2)
- a month (-> go to question C2)
- several months (-> go to question D1)
- more than a year (-> go to question D1)
- never (-> go to question D1)

**C2 Which body parts did you injure most of the time?**

- head, neck
- arms, hands, fingers, nails
- torso, belly, buttocks
- legs, feet, toes
- breasts, genitals

**C3 On how many days did this occur during the last month?**

- from 1 to 5 days
- between 6 and 10 days
- between 11 and 15 days
- more than 15 days

**C4 How many times a day did this occur on average?**

- less than 1 time a day
- 1 to 2 times a day
- 3 to 4 times a day
- 5 or more times a day

**C5 How often did you feel pain during this act?**

- never
- now and then
- often
- always

**C6 To what degree did you feel pain during this act?**

- none
- mild
- moderate
- strong
- very strong

**C7 When this act occurred, then ...**

*1=never 2=sometimes 3=often 4=always*

It had been clearly planned beforehand	1	2	3	4
I realized how it had come about	1	2	3	4
I took care of the wound(s)	1	2	3	4
I hid the act from other people	1	2	3	4

*1 = Not at all 2 = A bit 3 = Moderately 4 = Much 5 = Very much*

**C8 How did you feel shortly BEFORE this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**C9 How did you feel shortly AFTER this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**C10 Why did you perform this act?**

To feel some pleasure	1	2	3	4	5
To avoid or suppress negative feelings	1	2	3	4	5
To avoid or suppress painful images or memories	1	2	3	4	5
To get into a twilight or numb state	1	2	3	4	5
To get attention from others	1	2	3	4	5
To escape from a twilight or numb state	1	2	3	4	5
To punish myself	1	2	3	4	5
To make myself unattractive	1	2	3	4	5
To avoid or suppress suicidal thoughts	1	2	3	4	5
To show myself how strong I am	1	2	3	4	5
To show others how strong I am	1	2	3	4	5
To avoid doing something unpleasant, you don't want to do	1	2	3	4	5
To avoid school, work, or other activities	1	2	3	4	5
To avoid being with people	1	2	3	4	5
Another reason (describe): .....	1	2	3	4	5



**D1 How long ago did you BURN yourself?**

- a week (-> go to question D2)
- a month (-> go to question D2)
- several months (-> go to question E1)
- more than a year (-> go to question E1)
- never (-> go to question E1)

**D2 Which body parts did you injure most of the time?**

- head, neck
- arms, hands, fingers, nails
- torso, belly, buttocks
- legs, feet, toes
- breasts, genitals

**D3 On how many days did this occur during the last month?**

- from 1 to 5 days
- between 6 and 10 days
- between 11 and 15 days
- more than 15 days

**D4 How many times a day did this occur on average?**

- less than 1 time a day
- 1 to 2 times a day
- 3 to 4 times a day
- 5 or more times a day

**D5 How often did you feel pain during this act?**

- never
- now and then
- often
- always

**D6 To what degree did you feel pain during this act?**

- none
- mild
- moderate
- strong
- very strong

**D7 When this act occurred, then ...***1=never 2=sometimes 3=often 4=always*

It had been clearly planned beforehand	1	2	3	4
I realized how it had come about	1	2	3	4
I took care of the wound(s)	1	2	3	4
I hid the act from other people	1	2	3	4

*1 = Not at all 2 = A bit 3 = Moderately 4 = Much 5 = Very much***D8 How did you feel shortly BEFORE this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**D9 How did you feel shortly AFTER this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**D10 Why did you perform this act?**

To feel some pleasure	1	2	3	4	5
To avoid or suppress negative feelings	1	2	3	4	5
To avoid or suppress painful images or memories	1	2	3	4	5
To get into a twilight or numb state	1	2	3	4	5
To get attention from others	1	2	3	4	5
To escape from a twilight or numb state	1	2	3	4	5
To punish myself	1	2	3	4	5
To make myself unattractive	1	2	3	4	5
To avoid or suppress suicidal thoughts	1	2	3	4	5
To show myself how strong I am	1	2	3	4	5
To show others how strong I am	1	2	3	4	5
To avoid doing something unpleasant, you don't want to do	1	2	3	4	5
To avoid school, work, or other activities	1	2	3	4	5
To avoid being with people	1	2	3	4	5
Another reason (describe): .....	1	2	3	4	5

**E1 How long ago did you BITE yourself?**

- a week (-> go to question E2)
- a month (-> go to question E2)
- several months (-> go to question F1)
- more than a year (-> go to question F1)
- never (-> go to question F1)

**E2 Which body parts did you injure most of the time?**

- head, neck
- arms, hands, fingers, nails
- torso, belly, buttocks
- legs, feet, toes
- breasts, genitals

**E3 On how many days did this occur during the last month?**

- from 1 to 5 days
- between 6 and 10 days
- between 11 and 15 days
- more than 15 days

**E4 How many times a day did this occur on average?**

- less than 1 time a day
- 1 to 2 times a day
- 3 to 4 times a day
- 5 or more times a day

**E5 How often did you feel pain during this act?**

- never
- now and then
- often
- always

**E6 To what degree did you feel pain during this act?**

- none
- mild
- moderate
- strong
- very strong

**E7 When this act occurred, then ...***1=never 2=sometimes 3=often 4=always*

It had been clearly planned beforehand	1	2	3	4
I realized how it had come about	1	2	3	4
I took care of the wound(s)	1	2	3	4
I hid the act from other people	1	2	3	4

*1 = Not at all 2 = A bit 3 = Moderately 4 = Much 5 = Very much***E8 How did you feel shortly BEFORE this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**E9 How did you feel shortly AFTER this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
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Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**E10 Why did you perform this act?**

To feel some pleasure	1	2	3	4	5
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To make myself unattractive	1	2	3	4	5
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To avoid doing something unpleasant, you don't want to do	1	2	3	4	5
To avoid school, work, or other activities	1	2	3	4	5
To avoid being with people	1	2	3	4	5
Another reason (describe): .....	1	2	3	4	5

**F1 OTHER form of self-injury : ..... (specify)**

**How long ago did you display this behavior?**

- a week (-> go to question F2)
- a month (-> go to question F2)
- several months (-> end of questionnaire)
- more than a year (-> end of questionnaire)

**F2 Which body parts did you injure most of the time?**

- head, neck
- arms, hands, fingers, nails
- torso, belly, buttocks
- legs, feet, toes
- breasts, genitals

**F3 On how many days did this occur during the last month?**

- from 1 to 5 days
- between 6 and 10 days
- between 11 and 15 days
- more than 15 days

**F4 How many times a day did this occur on average?**

- less than 1 time a day
- 1 to 2 times a day
- 3 to 4 times a day
- 5 or more times a day

**F5 How often did you feel pain during this act?**

- never
- now and then
- often
- always

**F6 To what degree did you feel pain during this act?**

- none
- mild
- moderate
- strong
- very strong

**F7 When this act occurred, then ...**

*1=never 2=sometimes 3=often 4=always*

It had been clearly planned beforehand	1	2	3	4
I realized how it had come about	1	2	3	4
I took care of the wound(s)	1	2	3	4
I hid the act from other people	1	2	3	4

*1 = Not at all 2 = A bit 3 = Moderately 4 = Much 5 = Very much*

**F8 How did you feel shortly BEFORE this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
Angry at myself	1	2	3	4	5
Angry at others	1	2	3	4	5
Anxious	1	2	3	4	5
Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**F9 How did you feel shortly AFTER this act occurred?**

Glad	1	2	3	4	5
Relieved	1	2	3	4	5
Nervous	1	2	3	4	5
Bored	1	2	3	4	5
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Sad	1	2	3	4	5
Guilty	1	2	3	4	5
Other feeling (describe): .....	1	2	3	4	5

**F10 Why did you perform this act?**

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To get into a twilight or numb state	1	2	3	4	5
To get attention from others	1	2	3	4	5
To escape from a twilight or numb state	1	2	3	4	5
To punish myself	1	2	3	4	5
To make myself unattractive	1	2	3	4	5
To avoid or suppress suicidal thoughts	1	2	3	4	5
To show myself how strong I am	1	2	3	4	5
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To avoid doing something unpleasant, you don't want to do	1	2	3	4	5
To avoid school, work, or other activities	1	2	3	4	5
To avoid being with people	1	2	3	4	5
Another reason (describe): .....	1	2	3	4	5