

Self-Harm Inventory

Instructions: Please answer the following questions by checking either, “Yes”, or “No.” Check “yes” *only* to those items that you have done intentionally, or *on purpose*, to hurt yourself.

Yes	No	Have you ever intentionally, or on purpose, . . .
___	___	1. Overdosed? (If yes, number of times___)
___	___	2. Cut yourself on purpose? (If yes, number of times___)
___	___	3. Burned yourself on purpose? (If yes, number of times___)
___	___	4. Hit yourself? (If yes, number of times___)
___	___	5. Banged your head on purpose? (If yes, number of times___)
___	___	6. Abused alcohol?
___	___	7. Driven recklessly on purpose? (If yes, number of times___)
___	___	8. Scratched yourself on purpose? (If yes, number of times___)
___	___	9. Prevented wounds from healing?
___	___	10. Made medical situations worse, on purpose (e.g.,skipped medication)?
___	___	11. Been promiscuous (i.e., had many sexual partners)? (If yes, how many?___)
___	___	12. Set yourself up in a relationship to be rejected?
___	___	13. Abused prescription medication?
___	___	14. Distanced yourself from God as punishment?
___	___	15. Engaged in emotionally abusive relationships? (If yes, number of relationships?___)
___	___	16. Engaged in sexually abusive relationships? (If yes, number of relationships?___)
___	___	17. Lost a job on purpose? (If yes, number of times___)
___	___	18. Attempted suicide? (If yes, number of times___)
___	___	19. Exercised an injury on purpose?
___	___	20. Tortured yourself with self-defeating thoughts?
___	___	21. Starved yourself to hurt yourself?
___	___	22. Abused laxatives to hurt yourself? (If yes, number of times___)

Have you engaged in any other self-destructive behaviors not asked about in this inventory? If so, please describe below.