Self-Harm Assessment

NAME: _____ DATE: _____ dd / mm / yyyy

SUICIDAL IDEATION:

When you self-harm, do you ever think about purposefully ending your life?

ONSET, FREQUENCY, AND METHODS:

When was the first time you self-harmed?

When was the most recent time?

How many times per week or month do you self-harm?

How do you typically self-harm?

Do you self-harm more often, or more severely, compared to when you started?

AFTERCARE:

How do you take care of your injuries afterward?

Have you ever hurt yourself so badly that you needed medical attention, even if you didn't get it?

REASONS:

What are your reasons for self-harming?

STRATEGIES AND CHANGE:

How motivated are you to stop self-harming?

What would help you stop self-harming?

What strategies, or coping mechanisms, have you tried before? Which ones have been effective?

SELF-HARM / SUICIDE HISTORY:

Date: _____ dd / mm / yyyy

Context: (life events, psychiatric conditions)

Details: (means, impulsive or planned)

Outcome (rescue, hospitalisation)

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