

# S.A.F.E. ALTERNATIVES®

## 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 abused   | 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/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 have self-injured: Only once\_\_ 2-5 times\_\_ 6-10 times\_\_ 11-20 times\_\_ 21-50 times\_\_  
More than 50 times\_\_
42. When did you last harm yourself? Within the past week\_\_ Past month\_\_ Past six months\_\_  
Past year\_\_ More than one year ago\_\_
43. I consider my tendency to self-harm an addiction. True\_\_\_\_ False\_\_\_\_
44. Many times I harm myself more out of habit than for any specific reason. True\_\_\_\_ False\_\_\_\_

**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 problem with self-injury.

**Questions 32-42**

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 (optional)\_\_\_\_\_

Address (street, city, state, zip)\_\_\_\_\_

Phone Number\_\_\_\_\_ Email Address\_\_\_\_\_

Best time to reach you\_\_\_\_\_

Please submit this form to S.A.F.E. ALTERNATIVES®  
10 Bergman Court  
Forest Park, Illinois 60130  
Fax 708.366.9065  
Email [info@selfinjury.com](mailto:info@selfinjury.com)