



S.A.F.E. ALTERNATIVES®
Self Abuse Finally Ends

SELF-INJURY SELF ASSESSMENT*

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|---|------------------|
| 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 abuse. | 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 or 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 consider my tendency to self-harm an addiction. | True___ False___ |
| 42. Many times I harm myself more out of habit than for any specific reason. | True___ False___ |

43. I have self-injured: Only once__ 2-5 times__ 6-10 times__ 11-20 times__ 21-50 times__
More than 50 times__
44. When did you last harm yourself? Within the past 6 weeks__ Past six months__ Past year__
More than one year ago__?

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 serious problem with self-injury.

Questions 32-44

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 _____

Address (street, city, state, zip) _____

Phone Number: _____ Email Address _____

Best time to reach you _____

Mail to: S.A.F.E. ALTERNATIVES®
P.O. Box 303
South Haven MI 49090

E-mail: info@selfinjury.com

Note: This assessment may be copied.

***This assessment is based on our clinical experience and not research.
It is meant to be used as a tool for self evaluation and not intended to diagnose**

