Deliberate Self-Harm Inventory-Clinical Change Version I

This questionnaire asks about a number of different things that people sometimes do to hurt themselves. Please be sure to read each question carefully and respond honestly. Often, people who do these kinds of things to themselves keep it a secret, for a variety of reasons. However, honest responses to these questions will provide us with greater understanding and knowledge about these behaviors and the best way to help people. Please answer yes to a question only if you did the behavior intentionally, or on purpose, to hurt yourself. Do not respond yes if you did something accidentally (e.g., you tripped and banged your head on accident). Also, only answer yes to a question if you did not intend to kill yourself. Do not respond yes if you engaged in a behavior with the intention of ending your life.

officer area(s) or your bo	ody (without intending to kill you 1. Yes	2. No	
If yes,	1. 105	2.110	
• /	first do this (in the past 4 mont	hs)? Please write the date	
b. How many tim	nes have you done this in the pa	st 4 months? Please write an actual number (e.	g., 1, 5
or 15 NOT s	ome, many, or few).		
c. When was the	last time you did this? Please w	rite the date. n hospitalization or injury severe enough to requ	
	months , did this behavior result ment? (circle one):	n hospitalization or injury severe enough to requ	ire
	1. Yes	2. No	
2. In the past 4 month	s (since / /), have you	intentionally (i.e., on purpose) burned yourself w	ith a
2. In the past 4 month eigarette? (circle one):			ith a
eigarette? (circle one):	s (since / /), have you 1. Yes	intentionally (i.e., on purpose) burned yourself w	ith a
cigarette? (circle one): If yes,	1. Yes	2. No	ith a
If yes, a. When did you b. How many tim or 15 NOT s	1. Yes first do this (in the past 4 montages have you done this in the paome, many, or few).	2. No hs)? Please write the date. t 4 months? Please write an actual number (e.	g., 1, 5
If yes, a. When did you b. How many tim or 15 NOT s c. When was the d. In the past 4 r	1. Yes first do this (in the past 4 montages have you done this in the paome, many, or few).	2. No hs)? Please write the date it 4 months? Please write an actual number (e.	g., 1, 5
If yes, a. When did you b. How many tim or 15 NOT s c. When was the d. In the past 4 r	1. Yes first do this (in the past 4 month ness have you done this in the past ome, many, or few). last time you did this? Please we months, did this behavior result	2. No hs)? Please write the date. t 4 months? Please write an actual number (e.	g., 1, 5

3. In the past 4 months (since / _ lighter or a match? (circle one):	_/), have yo	u intentionally (i.e., on purpose) burned yourself with a
	1. Yes	2. No
If yes,		
b. How many times have you do or 15 NOT some, many, or	one this in the p r few).	nths)? Please write the date past 4 months? Please write an actual number (e.g., 1, 5, write the date It in hospitalization or injury severe enough to require
d. In the past 4 months , did th medical treatment? (circle of		It in hospitalization or injury severe enough to require
,	1. Yes	2. No
If yes, please write the Doctor/nurse visit Medical Floor		nes each level of medical treatment was required: Emergency room visit ICU
4. In the past 4 months (since / _ skin? (circle one):		u intentionally (i.e., on purpose) carved words into your
	1. Yes	2. No
b. How many times have you do or 15 NOT some, many, of c. When was the last time you of d. In the past 4 months, did the medical treatment? (circle of If yes, please write the	one this in the prefew)did this? Please is behavior resurence): 1. Yes ne number of time.	It in hospitalization or injury severe enough to require 2. No les each level of medical treatment was required:
Doctor/nurse visit Medical Floor		Emergency room visit ICU
5. In the past 4 months (since/_ or other marks into your skin? (circle If yes, a. When did you first do this (in b. How many times have you do or 15 NOT some, many, or c. When was the last time you or	_/), have yo one): 1. Yes 1 the past 4 more one this in the part few). did this? Please is behavior resu	u intentionally (i.e., on purpose) carved pictures, designs, 2. No nths)? Please write the date. past 4 months? Please write an actual number (e.g., 1, 5,
If yes, please write the Doctor/nurse visit Medical Floor		nes each level of medical treatment was required: Emergency room visit ICU

6. In the past 4 months (since// yourself, to the extent that scarring or b		ntentionally (i.e., on purpose) severely scratched !? (circle one): 2. No
If yes,	1. 1 C5	2. 110
	ho nost 1 montl	ns)? Please write the date
b. How many times have you don	ne this in the pas	t 4 months? Please write an actual number (e.g., 1, 5,
c. When was the last time you did	this? Please wr	rite the date. n hospitalization or injury severe enough to require
d. In the past 4 months , did this medical treatment? (circle one		
	1. Yes	2. No
If yes, please write the	number of times	each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor		ICU
		
7. In the past 4 months (since// that you broke the skin? (circle one):), have you i	ntentionally (i.e., on purpose) bit yourself, to the extent
,	1. Yes	2. No
If yes,	1. 105	2.110
a When did you first do this (in t	ho nost 1 montl	ns)? Please write the date
		t 4 months? Please write an actual number (e.g., 1, 5,
or 15 NOT some, many, or t	few)	
c. When was the last time you did	l this? Please wr	ite the date
d. In the past 4 months, did this	behavior result i	rite the date. n hospitalization or injury severe enough to require
medical treatment? (circle one		
	1. Yes	2. No
	1. 105	2.110
If was places write the	number of times	each level of medical treatment was required:
Doctor/nurse visit	_	Emergency room visit
Medical Floor		ICU
8. In the past 4 months (since// body? (circle one):), have you i	ntentionally (i.e., on purpose) rubbed sandpaper on your
,	1. Yes	2. No
If yes,	1. 105	2.110
a. When did you first do this (in t	ho nost 1 montl	ns)? Places write the date
		et 4 months? Please write an actual number (e.g., 1, 5,
or 15 NOT some, many, or t	iew)	
c. When was the last time you did	d this? Please wr	ite the date
d. In the past 4 months , did this medical treatment? (circle one	behavior result i e):	n hospitalization or injury severe enough to require
	1. Yes	2. No
If ves. please write the	number of times	each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor		ICU
iviculcal Floor		ICU

9. In the past 4 months (since / skin? (circle one):	_/), have you	intentionally (i.e., on purpose) dripped acid onto your
	1. Yes	2. No
If yes,		
a. When did you first do this (in	the past 4 mon	ths)? Please write the dateast 4 months? Please write an actual number (e.g., 1, 5,
or 15 NOT some, many, or	r few).	
3371 (1.1)	1: 1 .1 : O.DI	vrite the date.
d. In the past 4 months , did thi medical treatment? (circle o	is behavior result	in hospitalization or injury severe enough to require
(-11	1. Yes	2. No
If yes, please write the	e number of time	es each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor		ICU
		
10. In the past 4 months (since/ oven cleaner to scrub your skin? (circl		ou intentionally (i.e., on purpose) used bleach, comet, or
oven cleaner to serub your skin. (enci	1. Yes	2. No
If yes,	1. 103	2.110
	the nast 4 mon	ths)? Please write the date.
		ast 4 months? Please write an actual number (e.g., 1, 5,
or 15 NOT some, many, or		ast 4 months: Trease write an actual number (e.g., 1, 3,
c When was the last time you d	lid this? Place v	vrite the date.
d In the nast 4 months did thi	is hehavior result	in hospitalization or injury severe enough to require
medical treatment? (circle o		in nospitalization of injury severe chough to require
medical treatment. (enere of	1. Yes	2. No
	1. 105	2.110
If ves, please write the	e number of time	es each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor		ICU
1710dicui 1 1001		
11 In the past 4 months (since /	/) have vo	ou intentionally (i.e., on purpose) stuck sharp objects such
		ling tattoos, ear piercing, needles used for drug use, or
body piercing? (circle one):	skiii, not includ	ing tattoos, car protoning, needles used for drug use, or
body piereing. (enere one).	1. Yes	2. No
If yes,	1. 1 03	2.110
a. When did you first do this (in	the nest 1 man	ths)? Please write the date
		ast 4 months? Please write an actual number (e.g., 1, 5,
or 15 NOT some, many, or		ast 4 months: Thease write an actual number (e.g., 1, 3,
c. When was the last time you d		wite the date
		in hospitalization or injury severe enough to require
medical treatment? (circle o		in nospitalization of injury severe enough to require
medical treatment: (chere of	,	2. No
	1. Yes	2. INO
If		on each layed of modical tracture at area as a suite di
		es each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor		ICU

12. In the past 4 months (since/ skin? (circle one):	/), have yo	ou intentionally (i.e., on purpose) rubbed glass into your
	1. Yes	2. No
If yes,		
	n the past 4 mon	ths)? Please write the date.
b. How many times have you do or 15 NOT some, many, o	lone this in the pa o r few).	ast 4 months? Please write an actual number (e.g., 1, 5,
c. When was the last time you	did this? Please v	write the date in hospitalization or injury severe enough to require
d. In the past 4 months , did the medical treatment? (circle of	one):	
	1. Yes	2. No
If yes, please write the	he number of time	es each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor		ICU
	-	
13. In the past 4 months (since/ (circle one):	/), have yo	ou intentionally (i.e., on purpose) broken your own bones?
	1. Yes	2. No
	lone this in the pa	ths)? Please write the dateast 4 months? Please write an actual number (e.g., 1, 5,
c. When was the last time you	did this? Please v	vrite the date.
d. In the past 4 months, did th	nis behavior result	rite the date en in hospitalization or injury severe enough to require
medical treatment? (circle of		
mearear treatment. (enere	1. Yes	2. No
	1. 105	2.110
If ves please write the	he number of time	es each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor	-	ICU
14. In the past 4 months (since/ against something, to the extent that y	/), have yo you caused a brui	ou intentionally (i.e., on purpose) banged your head se to appear? (circle one):
	1. Yes	2. No
If yes,		
a. When did you first do this (i	n the past 4 mon	ths)? Please write the date.
	lone this in the pa	ast 4 months? Please write an actual number (e.g., 1, 5,
3371 .1 1	1' 1 .1 ' O.DI	vrite the date
d. In the past 4 months, did the medical treatment? (circle of	nis behavior result	in hospitalization or injury severe enough to require
`	1. Yes	2. No
If ves. please write the	he number of time	es each level of medical treatment was required:
Doctor/nurse visit_		Emergency room visit
Medical Floor		ICU
	-	<u></u>

15. In the past 4 months (since / _ extent that you caused a bruise to appear		intentionally (i.e., on purpose) punched yourself, to the
7	1. Yes	2. No
If yes,		
•	the past 4 montl	ns)? Please write the date.
b. How many times have you do: or 15 NOT some, many, or	ne this <mark>in the pas</mark> few).	t 4 months? Please write an actual number (e.g., 1, 5,
c. When was the last time you do	d this? Please wi	rite the date. n hospitalization or injury severe enough to require
d. In the past 4 months, did this medical treatment? (circle on		n hospitalization or injury severe enough to require
	1. Yes	2. No
TC 1 1 - 4 - 4 - 4		
• •		each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor		ICU
16. In the past 4 months (since/ _ healing? (circle one):	_/), have you	intentionally (i.e., on purpose) prevented wounds from
	1. Yes	2. No
If yes,		
	the past 4 montl	ns)? Please write the date
		at 4 months? Please write an actual number (e.g., 1, 5,
or 15 NOT some, many, or		or implication in the state of
d. In the past 4 months, did this	hahavian magulti	rite the date n hospitalization or injury severe enough to require
u. In the past 4 months, and this	-\.	if nospitalization of injury severe enough to require
medical treatment? (circle on	,	2.31
	1. Yes	2. No
If was please write the	number of times	each level of medical treatment was required:
Doctor/nurse visit		
		Emergency room visit
Medical Floor		ICU
17. In the past 4 months (since / hurt yourself that was not asked about i	_/), have you n this questionna	intentionally (i.e., on purpose) done anything else to irre? (circle one):
•	1. Yes	2. No
If yes,		
a. When did you first do this (in	the past 4 montl	ns)? Please write the date.
		at 4 months? Please write an actual number (e.g., 1, 5,
or 15 NOT some, many, or		to 4 months. I lease write an actual number (e.g., 1, 5,
3371 /1 1 / / 11	1.1 ° 0. DI	
d. In the past 4 months , did this medical treatment? (circle on	behavior result i	n hospitalization or injury severe enough to require
(1. Yes	2. No
If yes, please write the	number of times	each level of medical treatment was required:
Doctor/nurse visit		Emergency room visit
Medical Floor		ICU
		

Deliberate Self-Harm Inventory-Clinical Change Version II

This questionnaire asks about a number of different things that people sometimes do to hurt themselves. Please be sure to read each question carefully and respond honestly. Often, people who do these kinds of things to themselves keep it a secret, for a variety of reasons. However, honest responses to these questions will provide us with greater understanding and knowledge about these behaviors and the best way to help people. Please answer yes to a question only if you did the behavior intentionally, or on purpose, to hurt yourself. Do not respond yes if you did something accidentally (e.g., you tripped and banged your head on accident). Also, only answer yes to a question if you did not intend to kill yourself. Do not respond yes if you engaged in a behavior with the intention of ending your life.

		intentionally (i.e., on purpose) cut your wrist, arms,	, or
other area(s) of your body (withou			
16	1. Yes	2. No	
If yes,	· (-644114		
•	•	sment)? Please write the date.	_
		last assessment? Please write an actual number (e	.g.,
1, 5, or 15 NOT some, m			
c. When was the last time yo	ou did this behavior re	sult in hospitalization or injury severe enough to requ	
medical treatment? (circle		suit in nospitalization of injury severe enough to requ	ше
medical treatment? (chere	1. Yes	2. No	
	1. 1 CS	2. 110	
If ves. nlease writ	e the number of times	each level of medical treatment was required:	
	rse visit	Emergency room visit	
	Floor	ICU	
			
2. Since the last assessment (on _cigarette? (circle one):		intentionally (i.e., on purpose) burned yourself with	ı a
	1. Yes	2. No	
If yes,			
		sment)? Please write the date.	
		last assessment? Please write an actual number (e	.g.,
1, 5, or 15 NOT some, m			
c. When was the last time yo			
		sult in hospitalization or injury severe enough to requ	iire
medical treatment? (circle	*		
	1. Yes	2. No	
If was along white	- 41		
		each level of medical treatment was required:	
	rse visit	Emergency room visit	
Medical F	Floor	ICU	

3. Since the last assessment (onlighter or a match? (circle one):	./_/_), have yo	u intentionally (i.e., on purpose) burned yourself with a
	1. Yes	2. No
If yes,		
•	after the last asses	sment)? Please write the date.
b. How many times have you 1, 5, or 15 NOT some, ma	done this since the ny, or few).	last assessment? Please write an actual number (e.g.,
d. Since the last assessment, medical treatment? (circle o	did this behavior re	esult in hospitalization or injury severe enough to require
`	1. Yes	2. No
· -		s each level of medical treatment was required:
	se visit	Emergency room visit
Medical Flo	oor	ICU
4. Since the last assessment (onskin? (circle one):	.//), have yo	u intentionally (i.e., on purpose) carved words into your
	1. Yes	2. No
b. How many times have you 1, 5, or 15 NOT some, ma	done this since the ny, or few) did this? Please widd this behavior reme):	sult in hospitalization or injury severe enough to require
	1. Yes	2. No
If yes, please write	the number of times	s each level of medical treatment was required:
Doctor/nurs	se visit	Emergency room visit
Medical Flo	oor	ICU
5. Since the last assessment (ondesigns, or other marks into your sk	/_/), have yo in? (circle one):	u intentionally (i.e., on purpose) carved pictures,
	1. Yes	2. No
If yes,		
a. When did you first do this (done this since the	sment)? Please write the datelast assessment? Please write an actual number (e.g.,
 c. When was the last time you d. Since the last assessment, medical treatment? (circle or 	did this behavior re	rite the date
	1. Yes	2. No
If yes, please write	the number of times	s each level of medical treatment was required:
Doctor/nurs	se visit	Emergency room visit
Medical Flo		ICU
		

		intentionally (i.e., on purpose) severely scratched
yourself, to the extent that sca	1. Yes	2. No
If yes,	1. 105	2. 110
	thic (after the last assess	sment)? Please write the date.
		last assessment? Please write an actual number (e.g.,
1, 5, or 15 NOT some		iast assessment: Tlease write an actual number (e.g.,
c. When was the last time		ito the date
d Since the last assessm	ont did this behavior re	sult in hospitalization or injury severe enough to require
medical treatment? (circ	cle one):	
	1. Yes	2. No
		each level of medical treatment was required:
	/nurse visit	Emergency room visit
Medica	al Floor	ICU
7. Since the last assessment (o extent that you broke the skin	? (circle one):	i intentionally (i.e., on purpose) bit yourself, to the
	1. Yes	2. No
If yes,		
a. When did you first do t	this (after the last assess	sment)? Please write the date
b. How many times have	you done this since the l	last assessment? Please write an actual number (e.g.,
1, 5, or 15 NOT some		
c. When was the last time	you did this? Please wr	ite the date
d. Since the last assessm	ent, did this behavior res	sult in hospitalization or injury severe enough to require
medical treatment? (circ		
	1. Yes	2. No
If ves. nlease w	vrite the number of times	each level of medical treatment was required:
	/nurse visit	Emergency room visit
	al Floor	ICU
Wiedler	11 1001	
8. Since the last assessment (o your body? (circle one):	n //), have you	intentionally (i.e., on purpose) rubbed sandpaper on
	1. Yes	2. No
If yes,		
	this (after the last assess	sment)? Please write the date
		last assessment? Please write an actual number (e.g.,
1, 5, or 15 NOT some	-	
c. When was the last time		ite the date.
d. Since the last assessm medical treatment? (circ	ent, did this behavior res	sult in hospitalization or injury severe enough to require
`	1. Yes	2. No
· -		each level of medical treatment was required:
Doctor	/nurse visit	Emergency room visit
Medica	al Floor	ICU

9. Since the last assessment (on/ skin? (circle one):	/), have yo	ou intentionally (i.e., on purpose) dripped acid onto your
	1. Yes	2. No
If yes,		
	ter the last asse	ssment)? Please write the date.
1, 5, or 15 NOT some, many c. When was the last time you di	, or few) id this? Please w	e last assessment? Please write an actual number (e.g.,
d. Since the last assessment, did medical treatment? (circle one		esult in hospitalization or injury severe enough to require
	1. Yes	2. No
If yes, please write the	e number of time	es each level of medical treatment was required:
Doctor/nurse	visit	Emergency room visit
Medical Floor	•	ICU
10. Since the last assessment (on/oven cleaner to scrub your skin? (circle		you intentionally (i.e., on purpose) used bleach, comet, or
•	1. Yes	2. No
 b. How many times have you do 1, 5, or 15 NOT some, many c. When was the last time you di d. Since the last assessment, die medical treatment? (circle one) 	ne this since the , or few). id this? Please we d this behavior r): 1. Yes e number of time visit	e last assessment? Please write an actual number (e.g., write the date
such as needles, pins, staples, etc. into or body piercing? (circle one): If yes, a. When did you first do this (aft b. How many times have you do 1, 5, or 15 NOT some, many c. When was the last time you di	your skin, not in 1. Yes ter the last asseme this since the , or few). id this? Please we d this behavior r	you intentionally (i.e., on purpose) stuck sharp objects necluding tattoos, ear piercing, needles used for drug use, 2. No ssment)? Please write the date. e last assessment? Please write an actual number (e.g., write the date. esult in hospitalization or injury severe enough to require 2. No
If yes, please write the Doctor/nurse Medical Floor	visit	es each level of medical treatment was required: Emergency room visit ICU

12. Since the last assessm skin? (circle one):	ent (on /) , have yo	ou intentionally (i.e., on purpose) rubbed glass into your
,	1. Yes	2. No
If yes,		
	t do this (after the last assess	sment)? Please write the date.
b. How many times 1, 5, or 15 NOT s	have you done this since the leading many, or few).	ast assessment? Please write an actual number (e.g.,
d. Since the last ass medical treatment?		sult in hospitalization or injury severe enough to require
	1. Yes	2. No
		each level of medical treatment was required:
	octor/nurse visit	Emergency room visit
M	edical Floor	ICU
13. Since the last assessm bones? (circle one):		ou intentionally (i.e., on purpose) broken your own 2. No
If you	1. Yes	2. NO
b. How many times l		sment)? Please write the dateast assessment? Please write an actual number (e.g.,
c. When was the last d. Since the last ass	time you did this? Please wr essment, did this behavior res	ite the date. sult in hospitalization or injury severe enough to require
medical treatment?	1. Yes	2. No
If yes, plea	ase write the number of times	each level of medical treatment was required:
Do	octor/nurse visit	Emergency room visit
M	edical Floor	ICU
14. Since the last assessm against something, to the e	extent that you caused a bru	ou intentionally (i.e., on purpose) banged your head ise to appear? (circle one):
	1. Yes	2. No
		sment)? Please write the date.
	have you done this since the l some, many, or few).	ast assessment? Please write an actual number (e.g.,
c. When was the last d. Since the last ass medical treatment?		ite the datesult in hospitalization or injury severe enough to require
	1. Yes	2. No
		each level of medical treatment was required:
	octor/nurse visit	Emergency room visit
M	edical Floor	ICU

15. Since the last assessment (on/ the extent that you caused a bruise to		ou intentionally (i.e., on purpose) punched yourself, to one):
	1. Yes	2. No
If yes,		
a. When did you first do this (aft	er the last assess	sment)? Please write the date.
1, 5, or 15 NOT some, many,	or few).	last assessment? Please write an actual number (e.g.,
c. When was the last time you di	d this? Please wr	ite the date
d. Since the last assessment , did medical treatment? (circle one)	I this behavior res	sult in hospitalization or injury severe enough to require
	1. Yes	2. No
If yes. please write the	number of times	each level of medical treatment was required:
Doctor/nurse v		Emergency room visit
Medical Floor		ICU
Wiedicai 1 iooi		ICO
16. Since the last assessment (on/ from healing, to the extent that bleedi		ou intentionally (i.e., on purpose) prevented wounds ircle one): 2. No
If yes,		
a. When did you first do this (aft	er the last assess	sment)? Please write the date.
		last assessment? Please write the actual number of
episodes of this behavior (e.g., 1, 5, o	1 1 1 0 101	
c. When was the last time you di	u uns: Fiease wi	sult in hospitalization or injury severe enough to require
d. Since the last assessment, did	i unis benavior res	suit in nospitalization or injury severe enough to require
medical treatment? (circle one)		2 N.
	1. Yes	2. No
		each level of medical treatment was required:
Doctor/nurse v	isit	Emergency room visit
Medical Floor		ICU
17. Since the last assessment (on /	/), have yo	ou intentionally (i.e., on purpose) done anything else to irre? (circle one):
hurt yourself that was not asked about	in this guestionna	nire? (circle one):
•	1. Yes	2. No
If yes,		
	er the last assess	sment)? Please write the date
		last assessment? Please write an actual number (e.g.,
1, 5, or 15 NOT some, many		iast assessment: Trease write an actual number (e.g.,
c. When was the last time you di		ita tha data
d Since the last assessment did	l this behavior re	sult in hospitalization or injury severe enough to require
medical treatment? (circle one)		suit in nospitalization of injury severe enough to require
,	1. Yes	2. No
If ves nlease write the	number of times	each level of medical treatment was required:
Doctor/nurse v		Emergency room visit
Medical Floor		ICU