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.

1. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) cut your wrist, arms, or other area(s) of your body (without intending to kill yourself)? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

2. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) burned yourself with a cigarette? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

3. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) burned yourself with a lighter or a match? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

4. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) carved words into your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

5. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) carved pictures, designs, or other marks into your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

6. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) severely scratched yourself, to the extent that scarring or bleeding occurred? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 __ / __ / __)**, have you intentionally (i.e., on purpose) bit yourself, to the extent that you broke the skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

8. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) rubbed sandpaper on your body? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

9. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) dripped acid onto your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

10. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) used bleach, comet, or oven cleaner to scrub your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

11. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) stuck sharp objects such as needles, pins, staples, etc. into your skin, **not including** tattoos, ear piercing, needles used for drug use, or body piercing? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

12. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) rubbed glass into your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

13. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) broken your own bones? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

14. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) banged your head against something, to the extent that you caused a bruise to appear? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

15. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) punched yourself, to the extent that you caused a bruise to appear? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

16. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) prevented wounds from healing? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

17. **In the past 4 months (since __ / __ / __)**, have you intentionally (i.e., on purpose) done anything else to hurt yourself that was not asked about in this questionnaire? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**in the past 4 months**)? **Please write the date.** _____

b. How many times have you done this **in the past 4 months**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **In the past 4 months**, did this behavior result in hospitalization or injury severe enough to require 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 _____

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.

1. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) cut your wrist, arms, or other area(s) of your body (without intending to kill yourself)? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

2. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) burned yourself with a cigarette? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

3. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) burned yourself with a lighter or a match? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

4. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) carved words into your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

5. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) carved pictures, designs, or other marks into your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

6. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) severely scratched yourself, **to the extent that scarring or bleeding occurred**? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) bit yourself, **to the extent that you broke the skin**? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

8. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) rubbed sandpaper on your body? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

9. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) dripped acid onto your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

10. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) used bleach, comet, or oven cleaner to scrub your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

11. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) stuck sharp objects such as needles, pins, staples, etc. into your skin, **not including** tattoos, ear piercing, needles used for drug use, or body piercing? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

12. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) rubbed glass into your skin? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

13. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) broken your own bones? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

14. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) banged your head against something, **<u>to the extent that you caused a bruise to appear</u>**? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

15. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) punched yourself, **<u>to the extent that you caused a bruise to appear</u>**? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

16. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) prevented wounds from healing, **<u>to the extent that bleeding occurred</u>**? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write the actual number of episodes of this behavior (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____

17. **Since the last assessment (on __ / __ / __)**, have you intentionally (i.e., on purpose) done anything else to hurt yourself that was not asked about in this questionnaire? (circle one):

1. Yes 2. No

If yes,

a. When did you first do this (**after the last assessment**)? **Please write the date.** _____

b. How many times have you done this **since the last assessment**? **Please write an actual number (e.g., 1, 5, or 15 NOT some, many, or few).** _____

c. When was the last time you did this? **Please write the date.** _____

d. **Since the last assessment**, did this behavior result in hospitalization or injury severe enough to require 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 _____