

Non-Suicidal Self-Injury Risk Assessment Scale

Student Directions: This scale is intended to learn more about your self-harming thoughts and behaviors. Perhaps you have been asked to complete this scale because you expressed that they have intentionally hurt yourself, or another person may be concerned about you. You may experience some distress, and you can stop at any time. Answers do not have be exact; an estimate is sufficient. Your school counselor and/or another mental health provider will see your responses first and may invite you to talk more about your answers. If you are under 18, your parent/guardian can see your answers as well.

 Student Name:
 DOB:
 Date of Assessment:

 School Name:
 Grade:
 Time:
 _____ am/pm

wanting to end your life? FUNCTIONS 2. How true are the following statements about why you hurt yourself? Please select the most accurate response. I hurt myself	_	PRMS						
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How true are the following statements about why you hurt yourself? Please select the most accurate response. I hurt myself Strongly Disagree (1) Somewhat Disagree (2) Agree (3) Agree (4)		•						
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е	nd your life or attempting tentionally hurt yourself	g suicide. Was practicing or at	nally hurt yourself with the intention of practicing to tempting suicide the primary reason you				
FREQUENCY The following questions ask about your experience with intentionally hurting yourself. We know that this can be a difficult issue to think and talk about. Please note that there are web links on the bottom of every page and at the end of the survey with contact information you can use if you feel like you want to talk with someone.							
4. Approximately when was the last time you intentionally hurt yourself in one of the ways listed in the previous question?							
95	□ Less than 1 we	ek ago	☐ Within the past year				
		ek and 1 month ago	☐ More than a year ago				
	□ Between 1 and 6 months ago						
5. How likely are you to intentionally hurt yourself again? □ Very likely □ Somewhat likely □ Not sure □ Very or somewhat unlikely							
6. Approximately on how many total occasions have you intentionally hurt yourself?							
☐ Only once ☐ Less than 5 times ☐ Between 5 and 10 times ☐ More than 10 times							
7. How old were you the first time you intentionally hurt yourself?							
WOUND LOCATIONS							
8. On what areas of your body have you intentionally hurt yourself?							
	□ Wrists	□ Thighs	□ Feet				
	□ Hands	□ Back	□ Face				
	□ Arms	□ Buttocks	□ Lips/tongue				
	□ Fingers	□ Head	□ Breasts				
	☐ Calves/ankles	□ Stomach/Chest	•				
	□ Lips or tongue	□ Shoulders or ne	ck				
HABITUATION AND PERCEIVED LIFE INTERFERENCE 9. The fact that I intentionally hurt myself interferes with (check all that apply): Relationships which are important to me My ability to complete school or work requirements My ability to take care of myself (eat right, exercise, etc.) My ability to engage in hobbies or things that I like to do My self-worth / self-esteem The clothing I wear It does not interfere with my life in any way Other (please specify): Deform Course.							
Refe	erral Source:	Reason for A	Assessment:				

Adapted from Whitlock, J. L., Exner-Cortens, D., & Purington, A. (2014). Validity and reliability of the non-suicidal self-injury assessment test (NSSI-AT). *Psychological Assessment, 26*(3), 935-946. Available at http://www.selfinjury.bctr.cornell.edu