

## 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 to 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

### FORMS

1. Have you ever hurt your body (e.g., cut, carve, burn, scratch really hard, punch) **on purpose but without 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...	Strongly Disagree (1)	Somewhat Disagree (2)	Somewhat Agree (3)	Strongly Agree (4)
a) ...to feel something				
b) ...because my friends hurt themselves				
c) ...as a self-punishment				
f)...to deal with frustration				
g) ...to cope with uncomfortable feelings (e.g., stress, sadness, worries, anxiety)				
h) ...in hopes that someone would notice that something is wrong or that so others will pay attention to me				
i) ...so I do not hurt myself in other ways				
j) ...because it feels good				
k) ...to deal with anger				
m)...to get control over myself or my life				
n)...to surprise or hurt someone				
p) ...to avoid killing myself				
q) ...because I get the urge and cannot stop it				
r) ...to relieve stress or pressure				
s) ...to change my emotional pain into something physical				
t) ...because of my self-hatred or low self-esteem				
u) ...because I like the way it looks				
v) ...as a way to practice ending my life				
w) ...as a way to attempt suicide				
x) Other, please describe				

3. In the above question, if you indicated that you intentionally hurt yourself with the intention of practicing to end your life or attempting suicide. Was practicing or attempting suicide the primary reason you intentionally hurt yourself?

- Yes     No     I'm not sure

### 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?

- Less than 1 week ago                       Within the past year  
 Between 1 week 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?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Wrists         | <input type="checkbox"/> Thighs            | <input type="checkbox"/> Feet                  |
| <input type="checkbox"/> Hands          | <input type="checkbox"/> Back              | <input type="checkbox"/> Face                  |
| <input type="checkbox"/> Arms           | <input type="checkbox"/> Buttocks          | <input type="checkbox"/> Lips/tongue           |
| <input type="checkbox"/> Fingers        | <input type="checkbox"/> Head              | <input type="checkbox"/> Breasts               |
| <input type="checkbox"/> Calves/ankles  | <input type="checkbox"/> Stomach/Chest     | <input type="checkbox"/> Private part          |
| <input type="checkbox"/> Lips or tongue | <input type="checkbox"/> Shoulders or neck | <input type="checkbox"/> Other, specify: _____ |

### 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): \_\_\_\_\_

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Referral Source: \_\_\_\_\_ Reason for Assessment: \_\_\_\_\_

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