**Frequency of self-harm measure**

Please report how often you have done any of the following self-harm **behaviours** or had strong **urges** to do these, over the **past month.**

How many times have you **required medical attention** (GP, walk in, A+E etc.) for any self-harm in the **past month**?

**\_\_\_\_\_\_\_ times**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Urge** |  |  |  |  |  | **Behavio** | **ur** |  |
|  |  | **None** | **1-3 per month** | **1 per week** | **1-3 per week** | **4-6 per week** | **1 per day** | **None** | **1-3 per month** | **1 per week** | **1-3 per week** | **4-6 per week** | **1 per day** |
| 1 | Cut yourself |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Overdosed with  medication |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Burnt yourself |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Purging e.g. making  self sick |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Drank alcohol to  intoxication |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Used illegal drugs  or legal highs |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Scratched yourself  so that it bleeds |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Punched or head butted |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | Bit yourself |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Made plans about  how to end your life |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | Inserting objects  (e.g. needles) |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Swallowed dangerous substances such as bleach |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Pulled hair out |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Restricting what  you eat or drink |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | Aggravating wounds  (e.g. picking scabs) |  |  |  |  |  |  |  |  |  |  |  |  |