**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)  |  |  |  |  |  |  |  |  |  |  |  |  |