



*Attachment and Trauma Treatment
Centre for Healing (ATTCH)
Healing life's hurts through awareness,
compassion, & self-care*

Self-Injury Assessment

Date: _____

Name: _____

- How old were you when you began the SI behavior?

- What was happening in your life when the SI behavior began?

- What was the triggering event that precipitated the first time you engaged in SI?

- What made you choose to SI?

- What did you notice about how you felt afterwards?

- How often do you SI?

Quality trauma and attachment assessment, treatment, & evidence-based training

Email: reception@attch.org

Website: www.attch.org

Phone: (905) 684-9333

Fax: (905) 684-6217

95 Niagara Street, St. Catharines, ON L2R 4L3



*Attachment and Trauma Treatment
Centre for Healing (ATTCH)
Healing life's hurts through awareness,
compassion, & self-care*

- Which methods or method do you use to SI?

- What tools do you use to SI?

- Where on your body do you SI?

- Are you aware of why you choose a particular part of the body to SI?

- Are you aware of a pattern to your SI behavior?

- How do you feel when you SI (before, during, and after)?



*Attachment and Trauma Treatment
Centre for Healing (ATTCH)
Healing life's hurts through awareness,
compassion, & self-care*

- Do others know about this behaviour and if so, how do they respond to this?

- Are there times that you have overcome a stressful situation without SI behaviour? If so, what did you do to cope instead?
