

Name \_\_\_\_\_

Date \_\_\_\_\_

**SELF-HARM-1**

Please respond to the statements below with the appropriate response to the right.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

1. I feel like my life has no value	SA	A	NS	D	SD
2. I'm not sure if I really want to be alive	SA	A	NS	D	SD
3. Sometimes I think about ending my own life	SA	A	NS	D	SD
4. I have recently thought about ending my own life	SA	A	NS	D	SD
5. Sometimes I have thought about how I would end my life	SA	A	NS	D	SD
6. I have recently thought about how I would end my own life	SA	A	NS	D	SD
7. I have recently thought very strongly about ending my own life and have planned how to do it	SA	A	NS	D	SD
8. I have recently thought very strongly about ending my own life and actually take some of the steps to prepare to do this	A	A	S	D	SD
9. I have unsuccessfully tried to take my own life in the past	SA	A	NS	D	SD
10. I have unsuccessfully tried to take my own life very recently	SA	A	NS	D	SD
11. My situation in life seems hopeless and I don't see how it can get better	SA	A	NS	D	SD
12. If I thought someone truly cared about me it would help me want to live	SA	A	NS	D	SD
13. I feel like I just don't have anyone I can really open up and talk to	SA	A	NS	D	SD
14. Most of the time I would not want to end my own life, I just feel that way once in a while	SA	A	NS	D	SD
15. Even though sometimes I want to end my own life, I could never do it	SA	A	NS	D	SD

16. If there is one thing that would help me want to live it would be: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_