

Date: \_\_\_\_\_

### **Self-Harm Behavior Questionnaire (SHBQ)**

A lot of people do things which are dangerous and might get them hurt. There are many reasons why people take these risks. Often people take risks without thinking about the fact that they might get hurt. Sometimes, however, people hurt themselves on purpose. We are interested in learning more about the ways in which you may have intentionally hurt yourself. We are also interested in trying to understand why people may do some of these dangerous things.

*[Use the following prompts and tables to record details of all responses. Note that this allows information to be recorded for multiple instances of each behavior (e.g., non-suicidal self-injury, suicide attempts).]*

Questions/Statements that pertain to all 4 sections:

- 1. Responses from the SHBQ are transferred into a numeric overall score on the scorecard for each section; you do not score each occurrence of Self-Harm Behavior, Attempt, Threat or Ideation separately. For self-harm behaviors questions 1-4 capture lifetime history, questions 5 and 6 refer to the most medically serious event of those reported. For suicide attempts questions 1-4 refer to lifetime history, questions 5-7 refer to the most medically serious event of those reported. For suicide threats questions 1-5 capture lifetime history, questions 6-7 refer to the most recent event reported. Suicide ideation refers to the most recent instance.*
- 2. As some patients may have a very long history of these behaviors, data gathering is limited to the 4 most recent on the SHBQ.]*

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**SHBO – Self-Harm Behaviors**

**Have you hurt yourself on purpose? [If yes, record details of the 4 most recent incidents in the table below. If no, go to page 3]**

- a. Approximately how many times did you do this? \_\_\_\_\_
- b. Approximately when did you first do this to yourself? (patient's age) \_\_\_\_\_
- c. When was the last time you did this to yourself? (date, if known) \_\_\_\_\_

Self-Harm Behaviors	#1 (Most recent)	#2	#3	#4
How old were you?				
What did you do? <i>[If someone cuts themselves numerous times during the same instance, they would all be 1 occurrence. If a participant uses different methods (such as cutting and overdosing) at the same time, it would be a single occurrence.]</i>				
Did you tell anyone that you had done this? <i>[This is in regards to at or near the time of the incidence]</i>	YES	NO	YES	NO
Did you tell anyone that you had done this? <i>[This is in regards to at or near the time of the incidence]</i>	YES	NO	YES	NO
Did you need to see a doctor after doing this? <i>[Timeframe of treatment seeking and type of care doesn't matter.]</i>	YES	NO	YES	NO
Did you tell anyone that you had done this? <i>[This is in regards to at or near the time of the incidence]</i>	YES	NO	YES	NO
Did you tell anyone that you had done this? <i>[This is in regards to at or near the time of the incidence]</i>	YES	NO	YES	NO
Did you tell anyone that you had done this? <i>[This is in regards to at or near the time of the incidence]</i>	YES	NO	YES	NO
Did you tell anyone that you had done this? <i>[This is in regards to at or near the time of the incidence]</i>	YES	NO	YES	NO

**SHBO – Attempts**

**Have you ever attempted suicide? [If yes, record details of the 4 most recent incidents in the table below. If no, go to page 5]**

How many times have you attempted suicide? \_\_\_\_\_

Attempts	#1 (Most recent)	#2	#3	#4
How old were you?				
How did you attempt suicide? <i>(Note: If pills taken, what kind? How many? Over how long a period of time?)</i>				
Did you tell anyone about the attempt?	YES NO	YES NO	YES NO	YES NO
If yes, who did you tell?				
Did you require medical attention after the attempt?	YES NO	YES NO	YES NO	YES NO
If yes, were you hospitalized over night or longer? <i>[Any type of hospital, medical or psychiatric]</i>	YES NO	YES NO	YES NO	YES NO
How long were you hospitalized?				
Attempts	#1 (Most recent)	#2	#3	#4
Did you talk to a counselor or some other person like that after your attempt? <i>[timeframe doesn't matter]</i>	YES NO	YES NO	YES NO	YES NO

Who did you talk to? <i>[No names, just type of professional]</i>					
What other things were going on in your life around the time that you tried to kill yourself?					
Did you actually want to die?	YES	NO	YES	NO	YES NO
Were you hoping for a specific reaction to your attempt? <i>[Just reaction from others]</i>	YES	NO	YES	NO	YES NO
If <b>yes</b> , what was the reaction you were looking for?					
Did you get the reaction you wanted?	YES	NO	YES	NO	YES NO
If you <b>didn't</b> , what type of reaction was there to your attempt? <i>[If they state they "do not care what others thought, this is considered a "Yes", because in some way they are thinking about it enough not to care.]</i>					
Who knew about your attempt? <i>[At any point after the behavior, but not because they chose to talk about it but because the news somehow "leaked out".]</i>					

**SHBO – Threats**

**Have you ever threatened to kill yourself? [If no, go to page 7]**

What did you threaten to do?	
Approximately how many times did you do this?	
Approximately when did you first do this? <i>[record age]</i>	
When was the last time you did this? <i>[record age]</i>	
Who did you make the threats to?	
What were other things going on in your life during the time that you were threatening to kill yourself? <i>[related only to most recent communication]</i>	
Did you actually want to die? <i>[related only to most recent communication]</i>	YES NO
Were you hoping for a specific reaction to your threat? <i>[If they state they "do not care what others thought, this is considered a "Yes", because in some way they are thinking about it enough not to care.]</i>	YES NO
If yes, what was the	

reaction you were looking for?	
Did you get the reaction you wanted?	YES NO
If you didn't, what type of reaction was there to your threat?	

**SHBO – Suicidal Ideation**

**Have you ever talked or thought about:** *[If no to both, the assessment is complete]*

- wanting to die**      YES      NO  
**-killing yourself**    YES      NO

<p><b>What did you talk about doing?</b>  <i>[Write down any thoughts, discussions, wants, things related to suicide that they may mention.]</i></p>	
<p><b>With whom did you discuss this?</b>  <i>[Don't need names, just role (e.g., friend, spouse, therapist)]</i></p>	
<p><b>What made you feel like doing that?</b>  <i>[Focus on most recent incident and determine what drove them to think about suicide and/or share their thoughts with another.]</i></p>	
<p><b>Did you have a specific plan for how you would try to kill yourself?</b></p>	<p align="center">YES      NO</p>
<p><b>If yes, what plan did you have?</b>  <i>[This is more than thinking about potential methods, it's articulating or deciding on a specific method(s) they would use if they decided to act on their thoughts. For example, "I would stop taking my medication so that I would have enough pills to cause a serious overdose"]</i></p>	

<p>In looking back, how did you imagine people would react to your attempt?</p>	
<p>Did you think about how people would react if you had killed yourself?  <i>[If they state they "do not care what others thought, this is considered a "Yes".]</i></p>	<p>YES</p> <p>NO</p>
<p>If yes, how did you think they would react?</p>	
<p>Did you ever take steps to prepare for this plan?  <i>[This is any rehearsal or preparation that is made; going to the store and getting pills, loading a gun, tying a noose, looking at traffic patterns, etc. Writing a suicide note is not preparation if no action is taken beyond writing. Technically, this would be a suicide threat for our purposes.]</i></p>	<p>YES</p> <p>NO</p>
<p>If yes, what did you do to prepare?</p>	



Date: \_\_\_\_\_

## SHBQ Scoring Card

The following score sheet will help you score the SBHQ interview. There are a total of four subscales and one total score. Some items have 3a as an option, this provides clinical background for the treatment provider. When scoring these items 3a will be scored as a 3. Each subscale's score is a summation of each item in that subscale. The total score is the summation of the four subscale scores.

Category/Section	Score
<b>Self-Harm Behaviors (i.e., Non-suicidal self-injury)</b>	
Self-Harm Behavior Status = YES or NO	
This response is not included in the scoring.	
Item #1. Self-Harm Behavior Frequency	
Blank/Never = 0 once = 1 twice = 2 3 times = 3 4 or more times = 4	
Item #2. Self-Harm History	
When was the most recent self-injury? ( <i>record patient's age</i> ) _____	
Compute <u>difference score</u> : age at most recent injury minus (-) age at first injury:	
Blank = 0 0-1 year = 1 2-3 years = 2 4-5 years = 3 6 or more years = 4	
Item #3. Self-Harm Behavior Risk	
Compute <u>difference score</u> : Current chronological-age from record (minus) (-) age at most recent self-harm	
Blank = 0 1 year or less = 4 > 1 year but < 2 years = 3 ≥ 2 years = 2	
Item #4. Self-Harm Behavior-Disclosure	
If told someone about = 1 Never told anyone = 2	
Item #5. Self-Harm Behavior-Treatment	
Self-injury required medical care = 3 No medical care required = 2	
<b>Self-Harm Behaviors Subscale Score:</b>	

Date: \_\_\_\_\_

## SHBQ Scoring Card

<b>Suicide Attempts</b>	
Suicide Attempt Status = YES or NO	This response is not included in the scoring.
Item #1. Suicide Attempt Method (For multiple methods, enter highest score)	Not applicable = 0 Overdose (OD) on one substance, small (e.g., 10 pills or less) amount = 1 OD on the <u>same</u> substance, large (e.g., 10 pills or more) amount = 2 OD on 2 or more of mixed/odd substances = 3 Harm/Injury to any <b>part</b> of body = 3 Traumatic/lethal - hanging, suffocating, jumping from height, use of firearms = 4
Item #2. Suicide Attempt Frequency How many times has the patient attempted suicide?	Blank/Never = 0 once = 1 twice = 2 3 times = 3 4 or more times = 4
Item #3. Suicide Attempt Risk  When was the most recent attempt? ( <i>record patient's age</i> ) _____  Compute <u>difference score</u> : Current chronological-age from record (minus) (-) age at most recent attempt	Blank = 0 1 year or less = 4 > 1 year but < 2 years = 3 ≥ 2 years = 2
Item #4. Suicide Attempt Medical-Treatment Was medical attention necessary after the attempt?	Yes = 4 No = 2
Item #5. Suicide Attempt Event Identify stressors associated with attempt. (If specific things/events listed count each separately; if response is vague [e.g., "lots of things"] or general then only count as 1 event)	Blank = 0 1 event = 1 2 events = 2 3 or more events = 4
Item #6. Suicide Attempt Intent Did the patient state they wanted to die?	yes = 3 no = 1
<b>Suicide Attempt Subscale Score:</b>	

Date: \_\_\_\_\_

## SHBQ Scoring Card

<b>Suicide Threats</b>	
Suicide threat status = YES or NO	This response is not included in the scoring.
Item #1. Suicide Threat - Method (For multiple methods, enter highest score)	Blank/Not Applicable = 0 Overdose (OD) on one substance, small (e.g., <i>10 pills or less</i> ) = 1 OD on the <u>same</u> substance, large (e.g., <i>10 pills or more</i> ) amount = 2 OD on 2 or more of mixed/odd substances = 3 Harm/Injury to any <b>part</b> of body = 3 Traumatic/lethal - hanging, suffocating, jumping from height, use of firearms = 4
Item #2. Suicide Threat Frequency	Blank/Never = 0 1-2 times = 1 3-4 times = 2 4 or more times = 3
Item #3. Suicide Threat History Compute <u>difference score</u> : age at most recent threat minus (-) age of first threat	Blank/Not Applicable = 0 0-1 year = 1 2-3 years = 2 4-5 years = 3 6 or more years = 4
Item #4. Suicide Threat Risk Compute <u>difference score</u> : Current chronological age from record minus (-) age at most recent threat	Blank/Not Applicable = 0 1 year or less = 4 > 1 year but < 2 years = 3 ≥ 2 years = 2
Item #5. Suicide Threat - Event  Identify stressors related to the threat (If specific things/events listed count each separately; if response is vague [e.g., "lots of things"] or general then only count as 1 event)	Blank/Not Applicable = 0 1 event = 1 2 events = 2 3 or more events = 3
Item #6. Suicide Threat Intent	Stated wish to die = 2 No wish to die = 0
<b>Suicide Threats Subscale Score:</b>	

Date: \_\_\_\_\_

## SHBQ Scoring Card

<b>Suicide Ideation</b>	
Suicide Ideation Status = YES or NO	This response is not included in the scoring.
Item #1. Suicide Ideation Method (For multiple methods, enter highest score)	Blank/Not Applicable = 0 Overdose (OD) on one substance, small (e.g., 10 pills or less) amount = 1 OD on the <u>same</u> substance, large (e.g., 10 pills or more) amount = 2 OD on 2 or more of mixed/odd substances = 3 Harm/Injury to any <b>part</b> of body = 3 Traumatic/lethal - hanging, suffocating, jumping from height, use of firearms = 4
Item #2. Suicide Ideation Event	Identify stressors associated with the ideation. (If specific things/events listed count each separately; if response is vague [e.g., "lots of things"] or general then only count as 1 event)  Blank/Not Applicable = 0 1 event = 1 2 events = 2 3 or more events = 3
Item #3. Suicide Ideation Plan	Specific plan for how would kill self = 2 No clear plan stated = 1
Item #4. Suicide Ideation Reaction	Thought about others' reaction to own death = 1 No thought to others' reactions = 2
Item #6. Suicide Ideation Preparation	Took steps to prepare for plan = 2 No preparation = 0
<b>Suicide Ideation Subscale Score:</b>	

**Total score (Sum of all four subscale scores):**

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