

**Life After Someone Important Has Died**

**Brief Self-Harm Questionnaire**

Thank you for agreeing to take part in this study. We are interested in learning about your experiences with self-harm.

Please try to answer the following questions as honestly as you can. There are no ‘right’ or ‘wrong’ answers. All the responses you give will be kept private, confidential, and anonymous so that nobody can identify you from your responses.

Try not to spend too much time on any question, and if there is anything you do not understand, feel free to ask. If there is anything you do not wish to answer, just leave it blank.

When you have finished, please return this form to the researcher.

**The following questions ask about times in your life when you may have felt low and had negative thoughts about life.**

1. **Have you ever deliberately taken an overdose (e.g. of pills or other medication) or tried to harm yourself in some other way (such as cut yourself)?**

□ No 🡺 🡺 🡺 Please go to **Question 10** on **page 3**.

□ Yes, once 🡺 🡺 Please continue with **Question 2** below.

□ Yes, more than once 🡺 Please continue with **Question 2** below.

1. When was the **first time** you took an overdose or tried to harm yourself?



1. How old were you when you **first** took an overdose/tried to harm yourself?\_\_\_\_\_\_\_\_\_\_\_\_

Describe what you did to yourself **on that occasion** (Please give as much detail as you can – for example, the name of the drug taken in an overdose).

|  |
| --- |
|  |

1. Thinking about the first time you took an overdose or tried to harm yourself, was this before or after you lost a loved one due to any cause of death?

□ Before the bereavement

□ After the bereavement

□ N/A, I have not been bereaved

1. When was the **last time** you took an overdose or tried to harm yourself?



1. Can you remember the date when you took your **last** overdose/tried to harm yourself (if you cannot remember the precise date, please provide the month or as much information as possible)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what you did to yourself **on that occasion** (Please give as much detail as you can – for example, the name of the drug taken in an overdose).

|  |
| --- |
|  |

1. Do any of the following reasons help to explain why you last took an overdose or harmed yourself in some other way? *Please select all that apply.*

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| I wanted to show how desperate I was feeling | □ | □ |
| I wanted to die | □ | □ |
| I wanted to punish myself | □ | □ |
| I wanted to frighten someone | □ | □ |
| I wanted to get my own back on someone | □ | □ |
| I wanted to get relief from a terrible state of mind | □ | □ |
| I wanted to find out whether someone really loved me | □ | □ |
| I wanted to get some attention | □ | □ |

1. How many times have you taken an overdose or tried to harm yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do any of the following methods describe what you did to yourself **on any occasion** you ever took an overdose/tried to harm yourself? *Please tick all that apply.*

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Cutting | □ | □ |
| Overdose | □ | □ |
| Scratching yourself | □ | □ |
| Punching yourself or a wall/window | □ | □ |
| Banging your head | □ | □ |
| Burning yourself | □ | □ |
| Biting yourself | □ | □ |
| Preventing wounds from healing | □ | □ |
| Sticking sharp objects into yourself | □ | □ |
| Pulling out your hair | □ | □ |
| Rubbing glass on to your skin | □ | □ |
| Poisoning yourself | □ | □ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ |

1. **Have you ever had thoughts of purposely hurting yourself without wanting to die? (for example, cutting or burning)**

□ No □ Yes

b. If yes, was this before or after you lost a loved one due to any cause of death?

□ Before the bereavement

□ After the bereavement

□ Before and after the bereavement

□ N/A, I have not been bereaved

1. **Have you ever had thoughts of killing yourself?**

□ No □ Yes

b. If yes, was this before or after you lost a loved one due to any cause of death?

□ Before the bereavement

□ After the bereavement

□ Before and after the bereavement

□ N/A, I have not been bereaved

**This is the end of the questionnaire.**

**Thank you for taking the time to complete this.**

**Only for participants completing the CaTS:**

On a scale from 1 – 5, how confident are you about the accuracy of your recollections of the first time you self-harmed? *Please circle one number.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| Not at all confident |  |  |  | Extremely confident |

On a scale from 1 – 5, how confident are you about the accuracy of your *recollections* of the last time you self-harmed? *Please circle one number.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| Not at all confident |  |  |  | Extremely confident |