

Ottawa Self-Injury Inventory (OSI-clinical)

Mary Kay Nixon, M.D.

Centre for Youth and Society
C/O University of Victoria
PO Box 3050 STN CSC
Victoria BC, CANADA
V8W 3P3

Paula Cloutier, M.A.

Children's Hospital of Eastern Ontario
Mental Health Patient Service Unit (Research)
401 Smyth Rd.,
Ottawa, Ontario, Canada
K1H 8L1

Researchers and clinicians working in non-profit or publicly owned settings (including universities, non-profit hospitals, and government institutions) may make single copies of the OSI instrument for their own clinical and research use.

The authors may be reached at mary.nixon@viha.ca or cloutier@cheo.on.ca

OSI (3.1) rev. November, 2005 ©

7. How old were you when you started to self-injure? _____ (years)

8. The **first time** you hurt yourself, where did you get the idea? *(please (✓) only one)*

- | | |
|---|---|
| <input type="checkbox"/> I <u>read</u> about it on an internet website | <input type="checkbox"/> I <u>read</u> about it on a Web Blog |
| <input type="checkbox"/> I <u>read</u> about it in a book or magazine | <input type="checkbox"/> I <u>saw</u> it happen in a movie or on television |
| <input type="checkbox"/> I <u>saw</u> other people do it in a <u>non-hospital</u> setting | <input type="checkbox"/> I <u>heard</u> about it from other people in a <u>non-hospital</u> setting |
| <input type="checkbox"/> I <u>heard</u> about it from other people in a <u>hospital</u> setting | <input type="checkbox"/> I <u>saw</u> other people do it in a <u>hospital</u> setting |
| <input type="checkbox"/> it was my own idea | <input type="checkbox"/> Other (please list) _____ |

9. *circle "0" if not at all and circle "4" if extremely*

When you get the urge to hurt yourself:	Not at all		somewhat		extremely
The urge is distressing / upsetting	0	1	2	3	4
The urge is comforting	0	1	2	3	4
The urge is intrusive / invasive	0	1	2	3	4

10. Do you only harm yourself after taking drugs or alcohol? _____ no _____ yes

11. Do you let other people know that you harm yourself?

- | | | | |
|--------------------------------------|--------------------|---|--|
| <input type="checkbox"/> no one | who do you tell? → | <input type="checkbox"/> friend(s) | <input type="checkbox"/> family member(s) |
| <input type="checkbox"/> some people | | <input type="checkbox"/> psychologist/psychiatrist | <input type="checkbox"/> family doctor |
| <input type="checkbox"/> most people | | <input type="checkbox"/> other Mental Health Professional | <input type="checkbox"/> school counsellor |
| | | <input type="checkbox"/> telephone helpline | |
| | | <input type="checkbox"/> other (please specify) _____ | |

12. What areas of your body did/do you injure?

Please (✓) all that apply and put an (X) beside the area that you most frequently injure(d).

WHEN YOU FIRST STARTED		CURRENTLY (past month if still self-injuring)	
✓ all that apply and (X) the most frequent area injured		✓ all that apply and (X) the most frequent area injured	
<input type="checkbox"/> scalp _____ ()	<input type="checkbox"/> shoulder(s) _____ ()	<input type="checkbox"/> scalp _____ ()	<input type="checkbox"/> shoulder(s) _____ ()
<input type="checkbox"/> eye(s) _____ ()	<input type="checkbox"/> abdomen _____ ()	<input type="checkbox"/> eye(s) _____ ()	<input type="checkbox"/> abdomen _____ ()
<input type="checkbox"/> ear(s) _____ ()	<input type="checkbox"/> hips/buttocks _____ ()	<input type="checkbox"/> ear(s) _____ ()	<input type="checkbox"/> hips/buttocks _____ ()
<input type="checkbox"/> face _____ ()	<input type="checkbox"/> genitals _____ ()	<input type="checkbox"/> face _____ ()	<input type="checkbox"/> genitals _____ ()
<input type="checkbox"/> nose _____ ()	<input type="checkbox"/> rectum _____ ()	<input type="checkbox"/> nose _____ ()	<input type="checkbox"/> rectum _____ ()
<input type="checkbox"/> lips _____ ()	<input type="checkbox"/> upper arm/elbow _____ ()	<input type="checkbox"/> lips _____ ()	<input type="checkbox"/> upper arm/elbow _____ ()
<input type="checkbox"/> inside mouth _____ ()	<input type="checkbox"/> lower arm/wrist _____ ()	<input type="checkbox"/> inside mouth _____ ()	<input type="checkbox"/> lower arm/wrist _____ ()
<input type="checkbox"/> neck/throat _____ ()	<input type="checkbox"/> hand/fingers _____ ()	<input type="checkbox"/> neck/throat _____ ()	<input type="checkbox"/> hand/fingers _____ ()
<input type="checkbox"/> chest _____ ()	<input type="checkbox"/> thigh/knee _____ ()	<input type="checkbox"/> chest _____ ()	<input type="checkbox"/> thigh/knee _____ ()
<input type="checkbox"/> breast(s) _____ ()	<input type="checkbox"/> lower leg/ankle _____ ()	<input type="checkbox"/> breast(s) _____ ()	<input type="checkbox"/> lower leg/ankle _____ ()
<input type="checkbox"/> back _____ ()	<input type="checkbox"/> foot/toes _____ ()	<input type="checkbox"/> back _____ ()	<input type="checkbox"/> foot/toes _____ ()
	<input type="checkbox"/> other _____ ()		<input type="checkbox"/> other _____ ()

13. How did/do you injure yourself (without meaning to kill yourself)?
 Please (✓) all that apply and put an (X) beside the most frequent method of self-injury.

WHEN YOU FIRST STARTED		CURRENTLY (past month if still self-injuring)	
✓ all that apply	(X) most frequent	✓ all that apply	(X) most frequent
_____ cutting_____	()	_____ cutting_____	()
_____ scratching_____	()	_____ scratching_____	()
_____ interfering with wound healing_____	()	_____ interfering with wound healing_____	()
_____ burning_____	()	_____ burning_____	()
_____ biting_____	()	_____ biting_____	()
_____ hitting_____	()	_____ hitting_____	()
_____ hair pulling_____	()	_____ hair pulling_____	()
_____ severe nail biting and/ or nail injuries_____	()	_____ severe nail biting and/ or nail injuries_____	()
_____ piercing skin with sharp pointy objects_____	()	_____ piercing skin with sharp pointy objects_____	()
_____ piercing of body parts_____	()	_____ piercing of body parts_____	()
_____ excessive use of street drugs_____	()	_____ excessive use of street drugs_____	()
_____ excessive use of alcohol_____	()	_____ excessive use of alcohol_____	()
_____ trying to break bones_____	()	_____ trying to break bones_____	()
_____ headbanging_____	()	_____ headbanging_____	()
_____ taking too much medication_____	()	_____ taking too much medication_____	()
_____ taking too little medication_____	()	_____ taking too little medication_____	()
_____ eating or drinking things that are not food_____	()	_____ eating or drinking things that are not food_____	()
_____ other (please list)_____	()	_____ other (please list)_____	()

14. Why do you think you started and if you continue, why do you still self-injure (without meaning to kill yourself)?
 Please circle the number that best represents how much your self-injury is due to that reason.

Circle "0" if it has never been a reason that you self-injure and "4" if it has always been a reason that you self-injure.

WHY DID YOU START?		IF YOU CONTINUE WHY DO YOU CONTINUE?
	never a reason sometimes a reason always a reason	never a reason sometimes a reason always a reason
1. to release unbearable tension	0 1 2 3 4	1. to release unbearable tension 0 1 2 3 4
2. to experience a "high" that feels like a drug high	0 1 2 3 4	2. to experience a "high" that feels like a drug high 0 1 2 3 4
3. to stop my parents from being angry with me	0 1 2 3 4	3. to stop my parents from being angry with me 0 1 2 3 4
4. to stop feeling alone and empty	0 1 2 3 4	4. to stop feeling alone and empty 0 1 2 3 4
5. to get care or attention from other people	0 1 2 3 4	5. to get care or attention from other people 0 1 2 3 4
6. to punish myself	0 1 2 3 4	6. to punish myself 0 1 2 3 4
7. to provide a sense of excitement that feels exhilarating	0 1 2 3 4	7. to provide a sense of excitement that feels exhilarating 0 1 2 3 4
8. to relieve nervousness/fearfulness	0 1 2 3 4	8. to relieve nervousness/fearfulness 0 1 2 3 4

	never a reason	sometimes a reason	always a reason		never a reason	sometimes a reason	always a reason				
9. to avoid getting into trouble for something I did	0	1	2	3	4	9. to avoid getting into trouble for something I did	0	1	2	3	4
10. to distract me from unpleasant memories	0	1	2	3	4	10. to distract me from unpleasant memories	0	1	2	3	4
11. to change my body image and/or appearance	0	1	2	3	4	11. to change my body image and/or appearance	0	1	2	3	4
12. to belong to a group	0	1	2	3	4	12. to belong to a group	0	1	2	3	4
13. to release anger	0	1	2	3	4	13. to release anger	0	1	2	3	4
14. to stop my friends/boyfriend/girlfriend from being angry with me	0	1	2	3	4	14. to stop my friends/boyfriend/girlfriend from being angry with me	0	1	2	3	4
15. to show others how hurt or damaged I am	0	1	2	3	4	15. to show others how hurt or damaged I am	0	1	2	3	4
16. to show others how strong or tough I am	0	1	2	3	4	16. to show others how strong or tough I am	0	1	2	3	4
17. to help me escape from uncomfortable feelings or moods	0	1	2	3	4	17. to help me escape from uncomfortable feelings or moods	0	1	2	3	4
18. to satisfy voices inside or outside of me telling me to do it	0	1	2	3	4	18. to satisfy voices inside or outside of me telling me to do it	0	1	2	3	4
19. to experience physical pain in one area, when the other pain I feel is unbearable	0	1	2	3	4	19. to experience physical pain in one area, when the other pain I feel is unbearable	0	1	2	3	4
20. to stop people from expecting so much from me	0	1	2	3	4	20. to stop people from expecting so much from me	0	1	2	3	4
21. to relieve feelings of sadness or feeling "down"	0	1	2	3	4	21. to relieve feelings of sadness or feeling "down"	0	1	2	3	4
22. to have control in a situation where no one can influence me	0	1	2	3	4	22. to have control in a situation where no one can influence me	0	1	2	3	4
23. to stop me from thinking about ideas of killing myself	0	1	2	3	4	23. to stop me from thinking about ideas of killing myself	0	1	2	3	4
24. to stop me from acting out ideas of killing myself	0	1	2	3	4	24. to stop me from acting out ideas of killing myself	0	1	2	3	4
25. to produce a sense of being real when I feel numb and "unreal"	0	1	2	3	4	25. to produce a sense of being real when I feel numb and "unreal"	0	1	2	3	4
26. to release frustration	0	1	2	3	4	26. to release frustration	0	1	2	3	4
27. to get out of doing something that I don't want to do	0	1	2	3	4	27. to get out of doing something that I don't want to do	0	1	2	3	4
28. for no reason that I know about - it just happens sometimes	0	1	2	3	4	28. for no reason that I know about - it just happens sometimes	0	1	2	3	4
29. to prove to myself how much I can take	0	1	2	3	4	29. to prove to myself how much I can take	0	1	2	3	4
30. for sexual excitement	0	1	2	3	4	30. for sexual excitement	0	1	2	3	4
31. to diminish feeling of sexual arousal	0	1	2	3	4	31. to diminish feeling of sexual arousal	0	1	2	3	4
32.						32. I am "addicted" to doing it	0	1	2	3	4
33. other (please specify) _____	0	1	2	3	4	33. other (please specify) _____	0	1	2	3	4

15.

circle "0" if never and circle "4" if always

Do you feel relief (better) after harming yourself?	Never	sometimes			always
	0	1	2	3	4



If you feel relief, how long does the relief last
(please (✓) only one)

less than 1 minute 1 to 5 minutes 6 to 30 minutes
 31 to 60 minutes hours days

16. If you chose any of the following reasons for continuing to self-injure, please rate their helpfulness.

Circle (0) if self-injury is not at all helpful and circle (4) if self-injury is extremely helpful at:

Self-injury is extremely helpful at:	Not at all helpful	somewhat helpful			extremely helpful
Releasing unbearable tension	0	1	2	3	4
Releasing anger	0	1	2	3	4
Releasing frustration	0	1	2	3	4
Releasing nervousness	0	1	2	3	4
Releasing feelings of sadness or feeling down	0	1	2	3	4
If the reason(s) why you continue to self-injure are different than those listed above, please insert your reason on the line provided and rate it's helpfulness					
Write in your reason _____	0	1	2	3	4
Write in your reason _____	0	1	2	3	4

17. Once you think about harming yourself, do you always do it? yes no

18. When you hurt yourself on purpose, on average, how much time goes by between thinking about it and doing it?
(Please (✓) 1 item only)

less than 1 minute over 30 minutes but less than 1 hour
 1 minute to 5 minutes hours
 6 minutes to 30 minutes days

19.

circle "0" if never and circle "4" if always

Do you hurt or think about hurting yourself after stressful things happen?	never	sometimes			always
	0	1	2	3	4



What kinds of stressful situation(s) typically lead to selfinjury?

abandonment (specify) _____ failure (specify) _____
 loss (specify) _____ rejection (specify) _____
 other(specify) _____

20.

circle "0" if never and circle "4" if always

Do you feel physical pain when you harm yourself?	never	sometimes			always
	0	1	2	3	4

21.

circle "0" if never and circle "4" if always

Since you started to self-injure, have you found that:	never	sometimes			always
a. The self-injurious behaviour occurs more often than intended?	0	1	2	3	4
b. The severity in which the self-injurious behaviour occurs has increased (e.g., deeper cuts, more extensive parts of your body)?	0	1	2	3	4
c. If the self-injurious behaviour produced an effect when started, you now need to self-injure more frequently or with greater intensity to produce the same effect?	0	1	2	3	4
d. This behaviour or thinking about it consumes a significant amount of your time (e.g., planning and thinking about it, collecting and hiding sharp objects, doing it and recovering from it)?	0	1	2	3	4
e. Despite a desire to cut down or control this behaviour, you are unable to do so?	0	1	2	3	4
f. You continue this behaviour despite recognizing that it is harmful to you physically and/or emotionally?	0	1	2	3	4
g. Important social, family, academic or recreational activities are given up or reduced because of this behaviour?	0	1	2	3	4

22. If you are trying to resist hurting yourself, what do you do instead?

please (✓) all that apply and put an (X) beside the most helpful thing you do to resist hurting yourself.

✓ all that apply	(X) the most helpful if applicable
_____ never try to resist _____	()
_____ talk with someone _____	()
_____ exercise / sports _____	()
_____ reading writing, music, dance _____	()
_____ watch television, play video or computer games _____	()
_____ do things to relax (e.g., hot bath, yoga, deep breathing) _____	()
_____ use alcohol and or street drugs _____	()
_____ do anything to keep hands busy _____	()
_____ other (please specify) _____	()

23.

How motivated are you at this time to stop self-injuring?	not at all motivated	somewhat motivated		extremely motivated
	0	1	2	3

