Self-Destructive Behavior Test

Patient information							
Name:		Date of birth:					
Gender:		Date of assessment:					
Setting:	Inpatient	Outpatient	Other				
Disclaimer: There is currently no universally recognized or official "Self-Destructive Behavior Test." This assessment template is modeled after the Structured Interview for Self-Destructive Behaviors (SI-SDB), a validated clinical interview developed to assess key domains of self-destructive behaviors. It is intended as a support tool for licensed healthcare professionals and should not replace diagnostic evaluation or clinical judgment.							
Instructions for clinicia	ins						
 o = None (no evidence) 1 = Mild (present but) 	wing scale: ce) i not disruptive to life) times disruptive to life)	behaviors in each domain	based on cli	ent			
Self-Destructive Behav	iors (SI-SDB) questions						
1. Drugs and alcohol							
Have you ever had a drug or alcohol problem?				No			
Describe:							
If yes, how old were you when it began?							
If yes, were you ever hospitalized for this problem?			Yes	No			
		Mild (present but not disrup e (frequently disruptive to		<u>'</u> =			
Alcohol/drugs score:							
2. Eating							
What is your present hei	ght?	Weight?					
What is the most you have ever weighed?							
What is the least you have ever weighed as an adult?							
Do you have problems with overeating?			Yes	No			
Do you have problems with undereating?			Yes	No			

Do you ever overuse diet pills, laxatives, or anything else to control your weight?			Yes	No
Have you ever made yourself vomit?				No
If yes, do you do this often?				No
For how long (did you have/have you had) eating	problems?			
What's the longest time you've ever gone without food?			(days)	
What's the longest time you've ever gone without water?			(days)	
Eating score:				
3. Sexual impulsiveness				
Have you ever been afraid that there's something handle sex in your life?	Yes	No		
If yes, what worries you?	Has it been	a big probler	blem in your life?	
Would you say your sex drive is too high?	Yes	No	Don't kr	iow
Would you say your sex drive is too low?	Yes	No	Don't know	
Do you ever like to be hurt when you're having se	Do you ever like to be hurt when you're having sex?			No
Do you ever find yourself involved with people who hurt you during sex?			Yes	No
Sexual impulsiveness score:				
4. Self-harm				
Do you have any scars caused by you hurting yourself in purpose?			Yes	No
If yes, describe all:				
How many times have you hurt yourself on purpos	se?			
If you have done this, how old were you when you purpose?	ı first hurt you	rself on		(years old)
How many times have you:				
• Cut yourself? • Burned yourself?				
Banged yourself?	Picked open sores?			
Choked yourself?	Overdosed?			
• Done something to hurt or damage your sexual	organs?			
Jumped off something?				
Done other things? Specify:				

For clinicians: Scoring: 0 = None; 1 = Mild (no se occasional injury); 3 = Severe (severe or frequent		<u>(moderate or</u>	-		
Self-harm score:					
5. Suicidality					
Have you ever seriously thought about killing your	self?	Yes	No		
Did you ever attempt to kill yourself?		Yes	No		
How many times?					
How old were you at that time?		(years old)			
Describe:					
For clinicians: Scoring: 0 = None (no ideation); 1 (gestures or attempts with low lethality); 3 = Sever			<u>Moderate</u>		
Suicidality score:					
Total SI-SD score:					
Scoring and interpretation					
 SI-SDB involves assigning severity ratings to each of the five behavioral domains: substance abuse, disordered eating, disordered sexual behavior, self-injury, and suicidality. Each domain is explored through structured, neutral questions, with behaviors rated from 0 (none) to 3 (severe). These ratings reflect how disruptive the behaviors are to the individual's life, both historically and currently. The lifetime and current scores help assess chronicity and severity. Total scores range from 0 to 15, providing a comprehensive picture of risk and impairment. Interview length varies based on the number and intensity of behaviors reported. 					
Additional notes					
Healthcare professional information					
Name:	License ID:				
Signature:	Date of assessment:				