Self-Destructive Behavior Test

This test is designed to help individuals identify potential self-destructive behaviors and patterns. Self-destructive behavior can manifest in various ways, affecting one's physical, emotional, and mental well-being. It's important to note that this test is not a diagnostic tool but a means for self-reflection and to encourage seeking professional help if needed.

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Please read each statement and select the option that best describes your recent experiences (over the past 6 months). Be honest in your responses for the most accurate reflection.

Scoring Key 0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Very Often								
Patient Information	1							
Name:								
Date:								
Statements								
1. I engage in behaviors that I know could harm me physically (e.g., self-harm, substance abuse).								
□ 0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
2. I often engage in risky behaviors without considering the consequences (e.g., reckless driving, unsafe sex).								
□ 0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
3. I tend to isolate myself from others even though I know it's harmful to my mental health.								
□ 0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
4. I have difficulty managing my anger and often express it in ways that are harmful to myself or others.								
□ 0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
5. I neglect my physical health (e.g., poor diet, lack of exercise, ignoring medical advice).								
□ 0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
6. I frequently feel unworthy or undeserving of happiness or success.								
□ 0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				

7. I sabotage my rel	ationships or op	portunities for succes	SS.					
□ 0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
8. I often feel a strong sense of guilt or shame about my actions but continue to repeat them.								
□ 0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
9. I have persistent thoughts about self-harm or suicide.								
0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
10. I use substance	s (e.g., alcohol, d	lrugs) to cope with my	y emotions or to	escape reality.				
0 - Never	1 - Rarely	2 - Sometimes	3 - Often	4 - Very Often				
Total Score:								
Scoring								
Total your score by adding the numbers you selected for each question. The maximum possible score is 40.								
Interpretation								
 0-10: Low indication of self-destructive behaviors. 11-20: Some self-destructive behaviors may be present, suggesting the need for further self-reflection and possibly seeking support. 21-30: Moderate indication of self-destructive behaviors. It is advisable to seek professional help to address these patterns. 31-40: High indication of self-destructive behaviors. Seeking immediate professional assistance is strongly recommended. 								
Next Steps								
 For scores 11 and above: Reflect on the behaviors that contributed most to your score and consider discussing these with a trusted friend, family member, or professional. For scores 21 and above: Professional consultation is recommended. A mental health professional can provide a comprehensive assessment and work with you to develop a personalized treatment plan. 								
Signature of Professional (If administered in a clinical setting)								
Date:								
Patient / Guardian Signature (Acknowledgement of Understanding)								
Date:								