

Nonsuicidal Self-Injury (NSSI)

Diagnostic Assessment Worksheet

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This worksheet provides a structured framework for assessing nonsuicidal self-injury (NSSI), associated psychological functions, severity, risk factors, and potential differential diagnoses. NSSI refers to intentional self-inflicted injury performed without suicidal intent. In DSM-5-TR, Nonsuicidal Self-Injury is included as a condition for further study rather than as a fully established standalone mental disorder. It may nevertheless be clinically significant and can occur alongside multiple psychiatric conditions.

This worksheet is for clinical education and documentation support and is not a substitute for a comprehensive diagnostic evaluation or suicide risk assessment.

Presenting Concern

Reason for assessment:

Current concern:

- ☐ Nonsuicidal self-injury
- ☐ Recurrent self-injury
- ☐ Recent increase in self-injury
- ☐ History of self-injury
- ☐ Concern expressed by another person
- ☐ Other: _____

Date of assessment: _____

1. NSSI Screening

History of intentional self-injury without suicidal intent:

- ☐ No
- ☐ Yes
- ☐ Unclear

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Age at first occurrence: _____

Most recent occurrence: _____

Approximate frequency:

- ☐ Once
- ☐ Several times
- ☐ Monthly
- ☐ Weekly
- ☐ Several times per week
- ☐ Daily or nearly daily
- ☐ Other: _____

Pattern:

- ☐ Episodic
- ☐ Recurrent
- ☐ Increasing frequency
- ☐ Decreasing frequency
- ☐ Stable pattern

2. Nature of Self-Injury

Document behavior clinically without unnecessary graphic detail.

Type of behavior:

- ☐ Cutting
- ☐ Scratching
- ☐ Hitting
- ☐ Biting
- ☐ Burning
- ☐ Interfering with wound healing
- ☐ Other: _____

Typical circumstances:

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Typical location(s) on the body:

Typical severity of injury:

- ☐ Superficial
- ☐ Moderate
- ☐ Severe
- ☐ Medically significant
- ☐ Unknown

Medical treatment required:

- ☐ No
- ☐ Yes

If yes, describe:

3. Intent Assessment

The central diagnostic distinction is whether the behavior is performed without suicidal intent.

During the most recent episode, the person intended to:

- ☐ Regulate overwhelming emotion
- ☐ Reduce psychological distress

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- ☐ End emotional numbness
- ☐ Punish themselves
- ☐ Express emotional pain
- ☐ Communicate distress
- ☐ Obtain interpersonal response
- ☐ Feel something physically
- ☐ Other: _____

Intent to die:

- ☐ None
- ☐ Passive wish to be dead
- ☐ Unclear
- ☐ Present

Suicidal intent during any previous episode:

- ☐ Never
- ☐ Possibly
- ☐ Yes

If suicidal intent is present or uncertain, complete a separate suicide risk assessment.

4. DSM-5-TR NSSI Research Criteria

DSM-5-TR proposed criteria for NSSI include intentional self-inflicted damage to the body without suicidal intent on at least 5 days within the past year.

Frequency criterion:

- ☐ Five or more days during the past year
- ☐ Fewer than five days
- ☐ Unknown

The behavior is associated with one or more of the following:

- ☐ Seeking relief from negative thoughts or feelings
- ☐ Resolving an interpersonal difficulty
- ☐ Inducing a positive feeling or emotional state

Before the act, there is commonly:

- ☐ Negative feelings or thoughts
- ☐ Interpersonal difficulty
- ☐ Preoccupation with the behavior
- ☐ Difficult-to-control urges

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Following the behavior:

- ☐ Relief occurs
- ☐ Emotional regulation occurs
- ☐ Positive feeling occurs
- ☐ Interpersonal situation changes
- ☐ Shame or guilt occurs
- ☐ Distress remains or increases
- ☐ Other: _____

5. Functional Assessment

What typically happens immediately before self-injury?

What emotions are present?

- ☐ Anxiety
- ☐ Anger
- ☐ Shame
- ☐ Guilt
- ☐ Sadness
- ☐ Emptiness
- ☐ Loneliness
- ☐ Fear
- ☐ Dissociation
- ☐ Emotional numbness
- ☐ Other: _____

What thoughts are present?

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What interpersonal circumstances are present?

What happens immediately after self-injury?

What function does the behavior appear to serve?

6. Emotional Regulation and Dissociation

Difficulty identifying emotions:

☐ No ☐ Yes

Difficulty regulating emotions:

☐ No ☐ Yes

Episodes of emotional overwhelm:

☐ No ☐ Yes

Emotional numbness:

☐ No ☐ Yes

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Dissociation:

☐ No ☐ Yes ☐ Unclear

Depersonalization/derealization:

☐ No ☐ Yes ☐ Unclear

Describe:

7. Risk Factors

- ☐ Depression
- ☐ Anxiety
- ☐ Trauma history
- ☐ PTSD symptoms
- ☐ Borderline personality features
- ☐ Emotional dysregulation
- ☐ Impulsivity
- ☐ Social isolation
- ☐ Interpersonal conflict
- ☐ Abuse or neglect
- ☐ Bullying
- ☐ Shame or self-criticism
- ☐ Eating-disorder symptoms
- ☐ Substance use
- ☐ Psychotic symptoms
- ☐ Dissociation
- ☐ Chronic pain or illness
- ☐ Previous suicide attempt
- ☐ Current suicidal ideation
- ☐ Family history of suicide or self-injury
- ☐ Other: _____

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8. Protective Factors

- ☐ Supportive relationships
- ☐ Therapeutic relationship
- ☐ Ability to identify emotions
- ☐ Effective coping strategies
- ☐ Motivation to stop or reduce NSSI
- ☐ Future goals
- ☐ Sense of responsibility
- ☐ Family support
- ☐ Community connection
- ☐ Spiritual or philosophical beliefs
- ☐ Willingness to seek help
- ☐ Other: _____

Differential Diagnosis

NSSI should be differentiated from suicidal behavior, accidental injury, culturally sanctioned practices, compulsive behaviors, and self-injury occurring as a symptom of another condition.

Suicidal Behavior

The most important differential distinction is suicidal intent.

Assess whether the person:

- ☐ Wanted to die
- ☐ Expected to die
- ☐ Intended the behavior to result in death
- ☐ Made preparations for death
- ☐ Had a suicide plan
- ☐ Experienced ambivalence about living

If suicidal intent is present, the behavior should not be classified solely as NSSI. Conduct a comprehensive suicide risk assessment.

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Borderline Personality Disorder

NSSI frequently occurs in the context of borderline personality disorder but does not establish the diagnosis.

Assess for:

- ☐ Fear of abandonment
- ☐ Unstable relationships
- ☐ Identity disturbance
- ☐ Impulsivity
- ☐ Recurrent suicidal behavior or threats
- ☐ Affective instability
- ☐ Chronic emptiness
- ☐ Intense anger
- ☐ Stress-related paranoia or dissociation

Determine whether there is a pervasive pattern of personality functioning beyond the self-injury itself.

Major Depressive Disorder

Assess whether NSSI occurs within a major depressive episode.

- ☐ Depressed mood
- ☐ Loss of interest or pleasure
- ☐ Sleep disturbance
- ☐ Appetite/weight change
- ☐ Fatigue
- ☐ Psychomotor change
- ☐ Worthlessness or excessive guilt
- ☐ Concentration difficulties
- ☐ Thoughts of death

NSSI may occur with depression but is not specific to depressive disorders.

Bipolar and Related Disorders

Assess whether self-injury occurs during:

- ☐ Mania
- ☐ Hypomania
- ☐ Bipolar depression
- ☐ Mixed features
- ☐ Severe mood instability

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Look for episodic changes in energy, sleep, activity, impulsivity, grandiosity, and mood that would support a bipolar-spectrum diagnosis.

Trauma- and Stressor-Related Disorders

Assess:

- ☐ Trauma exposure
- ☐ Intrusive symptoms
- ☐ Avoidance
- ☐ Hyperarousal
- ☐ Negative alterations in cognition and mood
- ☐ Dissociation
- ☐ Trauma-related shame
- ☐ Trauma-related emotional dysregulation

Determine whether NSSI functions primarily as a response to trauma-related distress.

Dissociative Disorders

Consider when self-injury occurs during episodes of dissociation or altered awareness.

- ☐ Depersonalization
- ☐ Derealization
- ☐ Dissociative amnesia
- ☐ Identity disturbance
- ☐ Reduced awareness during self-injury
- ☐ Difficulty recalling episodes

Eating Disorders

Assess for self-injury occurring alongside:

- ☐ Anorexia nervosa
- ☐ Bulimia nervosa
- ☐ Binge-eating disorder
- ☐ Avoidant/restrictive food intake disorder
- ☐ Body-image disturbance
- ☐ Compensatory behaviors

Determine whether the behavior is intended primarily to regulate emotion, alter body weight/shape, punish the self, or achieve another function.

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Obsessive-Compulsive and Related Disorders

Differentiate NSSI from compulsive or repetitive behaviors driven by intrusive thoughts or perceived necessity.

Assess:

- ☐ Intrusive thoughts
- ☐ Compulsions
- ☐ Repetitive rituals
- ☐ Fear-based motivation
- ☐ Perceived need to perform the behavior
- ☐ Distress if the behavior is prevented

Psychotic Disorders

Assess whether self-injury occurs in response to:

- ☐ Command hallucinations
- ☐ Delusions
- ☐ Severe paranoia
- ☐ Disorganized thinking
- ☐ Other psychotic experiences

Self-injury motivated by psychosis may represent a different clinical phenomenon from NSSI and requires assessment of the underlying psychotic disorder and safety risk.

Substance/Medication-Induced Disorders

Assess whether self-injury occurs during or following:

- ☐ Alcohol use
- ☐ Intoxication
- ☐ Substance withdrawal
- ☐ Stimulant use
- ☐ Other substance use
- ☐ Medication-related behavioral changes

Determine whether the behavior occurs independently of substance or medication effects.

Neurodevelopmental Disorders

Self-injurious behavior can occur in people with neurodevelopmental disorders, particularly in association with communication difficulties, sensory regulation, frustration, or developmental disability.

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Assess:

- ☐ Autism spectrum disorder
- ☐ Intellectual disability
- ☐ Communication difficulties
- ☐ ADHD
- ☐ Sensory regulation difficulties
- ☐ Developmental limitations

Determine whether the behavior is intentional emotional self-injury or a behavior serving a different developmental or sensory function.

Factitious Disorder

Consider whether self-injury is intentionally produced to assume the sick role.

Assess:

- ☐ Deliberate production of symptoms
- ☐ Deception regarding illness
- ☐ Repeated medical presentations
- ☐ Lack of obvious external reward
- ☐ Behavior primarily intended to obtain the sick role

Cultural or Religious Practices

Determine whether the behavior occurs within a culturally or religiously sanctioned practice.

- ☐ Cultural practice
- ☐ Religious practice
- ☐ Ritual behavior
- ☐ Body modification
- ☐ Other culturally contextualized behavior

Cultural context should be considered before classifying behavior as psychopathological.

Accidental or Unintentional Injury

Determine whether the injury was intentionally inflicted.

- ☐ Intentional
- ☐ Accidental
- ☐ Unclear

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Clinical Formulation

Does the presentation meet the proposed DSM-5-TR NSSI criteria?

- ☐ Yes
- ☐ No
- ☐ Partially
- ☐ Further assessment needed

Primary clinical formulation:

Associated diagnosis or diagnoses:

Differential diagnoses considered:

Evidence supporting NSSI:

Evidence against NSSI:

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Primary function of self-injury:

Important contributing factors:

Suicide Risk Cross-Check

Because NSSI is associated with elevated suicide risk, assess independently for:

- ☐ Current suicidal ideation
- ☐ Suicide plan
- ☐ Suicidal intent
- ☐ Previous suicide attempt
- ☐ Preparatory behavior
- ☐ Recent escalation in self-injury
- ☐ Increased severity of injuries
- ☐ Substance intoxication
- ☐ Severe agitation
- ☐ Psychosis
- ☐ Hopelessness
- ☐ Recent major loss or crisis

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Current suicide risk assessment completed:

☐ Yes ☐ No

Treatment and Clinical Planning

Potential treatment targets:

- ☐ Emotional regulation
- ☐ Distress tolerance
- ☐ Interpersonal effectiveness
- ☐ Trauma symptoms
- ☐ Depression
- ☐ Anxiety
- ☐ Dissociation
- ☐ Substance use
- ☐ Self-criticism/shame
- ☐ Social isolation
- ☐ Environmental stressors
- ☐ Other: _____

Potential therapeutic approaches to consider:

Coping strategies identified:

Support system:

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Follow-up plan:

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Nonsuicidal self-injury should be understood as a behavior rather than automatically treated as a diagnosis. The clinician should establish the person's intent, pattern, frequency, function, developmental and cultural context, and relationship to other psychiatric or medical conditions. Most importantly, NSSI and suicidal behavior must be assessed separately because a person can engage in NSSI while also experiencing significant suicide risk. Changes in frequency, severity, intent, or circumstances should prompt reassessment.

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