

Biological Contributors to Self-Injurious Behavior

Body Area	Specific Behavior(s)	Possible Contributors	Chapter
Head	Head banging	Sinusitis, seasonal allergies	6
Head	Head hitting, head banging	Pain from migraine headache, ear infection	2
			3
			6
			7
			8
Nose	Hitting face area	Allergic rhinitis, foreign object in nasal cavity	6
			7
Mouth	Hitting, pressing mouth ear	Dental pain	2
Ears	Hitting, pressing	Otitis media (ear infection)	2
			6
Hair	Trichotillomania	Low cholesterol	1
Abdomen	Hitting or pressing against abdomen	Constipation, bloating	2
			7
			8
Genitals	Excessive rubbing of genitals	Yeast overgrowth, constipation	7
Skin	Excessive skin picking	Callouses on fingers and hands from hand biting, pruritus, eczema, atopic dermatitis	4
			6
General Expression of Discomfort/Pain	Crying, facial grimacing, screaming	Allergies, sinus headache, dental, gastrointestinal seizures	2
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			6
			7
			8

Targeted Questionnaire to Identify Chapters of Interest

Questions	Chapter
Disease / Syndrome	
Does the child have PKU, biotinidase deficiency, Smith-Lemli-Opitz syndrome, cerebral folate deficiency, pyridoxine-dependent epilepsy, Lesch-Nyhan syndrome, tuberous sclerosis, or PANS/PANDAS?	1
	4
	7
Is there evidence of craniofacial dysmorphism, brain damage, and/or head trauma?	3
Does individual have limbic encephalitis or herpes simplex encephalitis?	3
Is there a history of seizures/epilepsy in the family?	3
If epilepsy, does the individual not respond to anti-convulsant medications?	3
Did SIB worsen after suffering from a viral syndrome?	6
Does the individual suffer from asthma, allergies (rhinitis, food allergy, etc.), and/or sinusitis?	6
	7
Does the individual suffer from celiac disease?	2
	6
	8
Epilepsy / Seizures	
Does the individual have seizures or appear to have seizures?	2
	3
	4
Gastrointestinal-Related Issues	
Does the individual also have gastrointestinal issues which may be painful? (e.g., constipation, flatulence, bloating, GERD)	2
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Is there abnormal health of stools (diarrhea, oily or greasy, grainy, blood, mucus)?	8
Does the individual have food allergy or intolerance?	6
Sensory-Related Issues	
Does the individual avoid strobe lights?	3
Is the individual a picky eater?	8
Does the individual appear to receive pleasure from the SIB?	9
Does the SIB appear to be associated with craving and seeking sensory input (stimulation) related to SIB?	9
	10
Is the individual insensitive to pain, such as not feeling the SIB?	9
Does the individual receive sensory stimulation from the SIB to reduce anxiety, such as to escape an uncomfortable sensory stimulation or panic?	4
	12
Stress / Anxiety	
Does the SIB often occur under anxiety and/or stress? Examples: humming, antsy, repeats/perseverates on words/phrases, rapid breathing, sweating, trembling, pacing, more active, agitated, irritable	2
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Did the SIB start after sexual abuse, especially in the genital area?	7
Social / Behavioral	
Does the SIB function to obtain some form of attention, such as a social interaction or to receive	5
	10

comfort?	11
	12
Does the SIB function to obtain a tangible item or setting (e.g., food item, activity, toy)?	5
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	13
Could the SIB be interpreted as a form of communication to get his or her needs and wants met? (e.g., “I want to leave” or “Leave me alone”)	10
	11
	12
Does the SIB serve the function of escape or avoidance of an aversive or anxiety-provoking task or situation?	4
	5
	10
	11
	12
	13
	11
Additional Questions	
Does the individual appear to have a headache or migraine?	2
	3
	6
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Does the individual have sleep problems, such as nocturnal awakenings? If so, are nocturnal awakenings associated with respiratory symptoms (nasal congestion, coughing, wheezing).	2
	6
	7
	8
Is there excessive silliness, hyperactivity, or irritability?	8
Is the SIB associated with impulsivity?	3
	9
Are the SIB episodes not recalled later by the individual?	3

Did the SIB begin after the start of the menstrual cycle (if the individual is female)?	2 5 10
Are there episodes of loss of consciousness or unexplained falls? Does the individual look groggy at times?	3
Did the individual's autism symptoms appear after 1 year of age (late onset)?	3
Does the individual engage in self-restraint, such as wrapping shredded clothing or rope around his or her wrist?	4