



***ASK YOUR PATIENTS
CARE FOR YOUR PATIENTS
ESCORT YOUR PATIENTS***



**See Reverse for Questions
that Can Save a Life**

| | | Past Month |
|--|----------|---------------|
| 1) Have you wished you were dead or wished you could go to sleep and not wake up? | | |
| 2) Have you actually had any thoughts about killing yourself? | | |
| If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6 | | |
| 3) Have you thought about how you might do this? | | |
| 4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them? | | High Risk |
| 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? | | High Risk |
| Always Ask Question 6 | Lifetime | Past 3 Months |
| 6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i> | | High Risk |

Any **YES** requires a behavioral health referral.
If the answer to **4, 5 or 6** is **YES**, immediately **ESCORT** to Emergency Personnel for further evaluation.

**DON'T LEAVE THE PERSON ALONE.
STAY WITH THEM UNTIL THEY ARE IN
THE CARE OF PROFESSIONAL HELP**