



***A**SK YOUR PATIENTS  
**C**CARE FOR YOUR PATIENTS  
**E**SCORT YOUR PATIENTS*



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

Always ask questions 1 and 2.	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 <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	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** indicates that someone should seek behavioral healthcare.  
 However, if the answer to **4, 5 or 6** is **YES**, seek immediate help: go to the **ER**, call **1-800-273-8255**, text **741741** or call **911**.  
**STAY WITH THEM** until they can be evaluated.



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