| **SUICIDE IDEATION DEFINITIONS AND PROMPTS** | **Since Last Contact** |
| --- | --- |
| **Ask questions that are bold and underlined**  | **YES** | **NO** |
| **Ask Questions 1 and 2** |
| 1. ***Have you wished you were dead or wished you could go to sleep and not wake up?***
 |  |  |
| 1. ***Have you actually had any thoughts of killing yourself?***
 |  |  |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6** |
| **3) *Have you been thinking about how you might do this?***E.g. “*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*”  |  |  |
| **4) *Have you had these thoughts and had some intention of acting on them?***As opposed to “*I have the thoughts but I definitely will not do anything about them*.” |  |  |
| **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?***  |  |  |
| **6) *Have you done anything, started to do anything, or prepared to do anything to end your life?***Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. |  |  |

**Recommended Response Protocol to C-SSRS Screening**

Item 1 Behavioral Health Referral at Discharge

Item 2 Behavioral Health Referral at Discharge

Item 3 Behavioral Health Referral at Discharge

Item 4 Psychiatric Consultation and Patient Safety Precautions

Item 5 Psychiatric Consultation and Patient Safety Precautions

Item 6 Psychiatric Consultation and Patient Safety Precautions