



***ASK YOUR CLIENTS
CARE FOR YOUR CLIENTS
ESCORT YOUR CLIENTS***



**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 YES to 2, ask questions 3, 4, 5 and 6. If NO 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? <small>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, 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; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</small> | | 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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