



***A**SK YOUR PATIENTS
CARE FOR YOUR PATIENTS
ESCORT YOUR PATIENTS*



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

	Past 1 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? 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 **emergency room**, call **1-800-273-8255**, text **741741** or call **911**. **STAY WITH THEM** until they can be evaluated.



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