



***ASK YOUR SPOUSE***  
***CARE FOR YOUR SPOUSE***  
***EMBRACE YOUR SPOUSE***



**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.<br>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?<br><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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