|  | **In The Past Month** | |
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| Answer Questions 1 and 2 | **YES** | **NO** |
| 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 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?*** |  |  |
| **5) *Have you started to work out or worked out the details of how to kill yourself?***  ***Do you intend to carry out this plan?*** |  |  |
|  | **In the Past 3 Months** | |
| **6) *Have you done any of the following?***  ***Attempted to kill yourself even if ending your life was only part of your motivation***  ***Started to do something to end your life but someone or something stopped you before you actually did anything***  ***Started to do something to end your life but you stopped yourself before you actually did anything***  ***Taken any steps towards making a suicide attempt or preparing to kill yourself***  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.  ***In your entire lifetime, how many times have you done any of these things?*** |  |  |
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