| **Please place a check mark in the box for the appropriate answers** | **In the past Month** |
| --- | --- |
| **Please 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 of killing yourself?**

**If YES, answer all questions 3, 4, 5, and 6.** **If NO, skip directly to question 6.** | **\_\_\_** | **\_\_\_** |
|  |
| 1. **Have you thought about how you might do this?**

*(For example, “I thought about taking an overdose but I never worked out the details about when, where, and how I would do that and I would never act on these thoughts.”)* | **\_\_\_** | **\_\_\_** |
| 1. **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?**

*(For example, “I had the thought of killing myself by taking an overdose and am not sure whether I would do it or not.”)* | **\_\_\_** | **\_\_\_** |
| 1. **Have you started to work out, or worked out, the specific details of how to kill yourself and did you intend to carry out that plan?**

*(For example, “I am planning to take 3 bottles of my sleep medication this Saturday when no one is around to stop me.”)*  | **\_\_\_** | **\_\_\_** |

|  |  |  |
| --- | --- | --- |
| 1. **Have you ever done anything, started to do anything, or prepared to do anything to end your life?**

*(For example: took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn’t swallow any, held a gun but changed your mind about hurting yourself or it was grabbed from your hand, went to the roof to jump but didn’t, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.)***If YES, did this occur in the past 3 months?**  | **\_\_\_** | **\_\_\_** |
| **\_\_\_** | **\_\_\_** |