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| 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.<br>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?<br><br><i>Examples:</i> 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 or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.<br><b>If yes, was this within the past 3 months?</b> |            | High Risk     |



If YES to 2 or 3, seek behavioral healthcare for further evaluation.  
If the answer to 4, 5 or 6 is YES, get **immediate help**: Call or text 988, call 911 or go to the emergency room.  
**STAY WITH THEM** until they can be evaluated.



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