



***ASK YOUR CLIENTS  
CARE FOR YOUR CLIENTS  
ESCORT YOUR CLIENTS***

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. 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? <i>Examples:</i> Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or 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, etc. <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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