



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

Always ask questions 1 and 2.	Past Month	
<b>1) Have you wished you were dead or wished you could go to sleep and not wake up?</b>		
<b>2) Have you actually had any thoughts about killing yourself?</b>		
If <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, skip to question 6.		
<b>3) Have you been thinking about how you might do this?</b>		
<b>4) Have you had these thoughts and had some intention of acting on them?</b>	<b>High Risk</b>	
<b>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?</b>	<b>High Risk</b>	
<b>Always Ask Question 6</b>	Life-time	Past 3 Months
<b>6) Have you done anything, started to do anything, or prepared to do anything to end your life?</b>  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.		<b>High Risk</b>



**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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