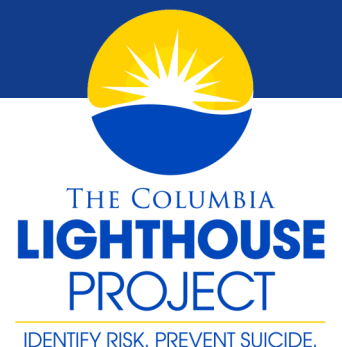




ASK FRIENDS & FAMILY
CARE FOR FRIENDS & FAMILY
EMBRACE FRIENDS & FAMILY

**See Reverse Side for
Questions that Can Save a Life**



| | | | |
|---|--|------------|---------------|
| 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. If yes, was this within the past 3 months? | | | 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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