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Effective Date		Author	
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Suicidal Ideation / Behavior

Suicidal Ideation		
Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “Yes”, ask questions 3, 4, and 5. If the answer to question 1 and/or 2 is “Yes”, complete “Intensity of Ideation” section below.	Lifetime: Time He/She Felt Most Suicidal	Past 1 month
<p>1. Wish to be dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and wake up. Have you wished you were dead or wished you could go to sleep and not wake up? If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Yes/No _____	Yes/No _____
<p>2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one’s life/commit suicide (e.g., “I’ve thought about killing myself”) without thoughts of way to kill oneself/associated methods, intent, or plan during the assessment period. Have you actually had any thoughts or killing yourself? If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Yes/No _____	Yes/No _____

<p>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through it with." Have you been thinking about how you might do this? If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Yes/No _____	Yes/No _____
<p>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u>, as opposed to "I have the thoughts but I definitely will not do anything about them." Have you had these thoughts and had some intention of acting on them? If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Yes/No _____	Yes/No _____
<p>5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. Have you started to work out or worked out the details of how to kil yourself? Do you intend to carry out this plan? If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Yes/No _____	Yes/No _____

INTENSITY OF IDEATION			Lifetime - Most Severe	Recent - Most Severe									
<p>The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%;"></th> <th style="width: 50%;">Enter Description of Ideation</th> </tr> </thead> <tbody> <tr> <td>Lifetime – Most severe ideation</td> <td></td> <td></td> </tr> <tr> <td>Recent – Most severe ideation</td> <td></td> <td></td> </tr> </tbody> </table>							Enter Description of Ideation	Lifetime – Most severe ideation			Recent – Most severe ideation		
		Enter Description of Ideation											
Lifetime – Most severe ideation													
Recent – Most severe ideation													
<p>Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day</p>													
<p>Duration When you have these thoughts, how long do they last? (1) Fleeting – few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous</p>													
<p>Controllability Could/can you stop thinking about killing yourself or wanting to die if you want to? (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts</p>													
<p>Deterrents Are there things – or anyone or anything (e.g., family, religion, pain of death) – that stopped you from wanting to die or acting on thoughts of committing suicide? (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply</p>													

Reasons for Ideation What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words, you couldn't go on living with this pain nor how you were feeling) or was it to get attention, revenge, or a reaction from others? Or both?			
(1) Completely to get attention, revenge, or a reaction from others	(4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)		
(2) Mostly to get attention, revenge, or a reaction from others	(5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)		
(3) Equally to get attention, revenge, or a reaction from others and to end/stop the pain	(0) Does not apply		

Suicidal Behavior (Check all that apply, so long as there are separate events; must ask about all types)	Lifetime	Past 3 months
<p>Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.</p> <p>Have you made a suicide attempt? Have you done anything to harm yourself? Have you done anything dangerous where you could have died? What did you do? Did you ____ as a way to end your life? Did you want to die (even a little) when you ____? Were you trying to end your life when you ____? Or did you think it was possible you could have died ____?</p> <p>Or did you do it purely for other reasons/without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-injurious behavior without suicidal intent) If yes, describe:</p>	<p>Yes/No _____</p> <p>Total # of Attempts _____</p>	<p>Yes/No _____</p> <p>Total # of Attempts _____</p>
<div style="border: 1px solid black; height: 200px; width: 100%;"></div>		

<p>Has subject engaged in non-suicidal self-injurious behavior?</p>	<p>Yes/No _____</p>	<p>Yes/No _____</p>
<p>Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred). Overdose: Person has pill in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed towards self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang – is stopped from doing so. Has there an been a time when you started to do something to end your life but someone or something stopped you before you actually did anything? If yes, describe:</p> <div data-bbox="50 672 1665 914" style="border: 1px solid black; height: 149px; width: 769px;"></div>	<p>Yes/No _____</p> <p>Total # of Interrupted _____</p>	<p>Yes/No _____</p> <p>Total # of Interrupted _____</p>

<p>Aborted or Self-Interrupted Attempt: When person begins to take steps towards making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.</p> <p>Has there been a time when you started to do something to try to end your life but you stopped before you actually did anything? If yes, describe:</p>	Yes/No _____	Yes/No _____
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Total # of aborted of self-interrupted _____	Total # of aborted of self-interrupted _____

<p>Preparatory Acts of Behavior: Acts of preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one’s death by suicide (e.g., giving things away, writing a suicide note).</p> <p>Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away, or writing a suicide note)?</p>	<p>Yes/No _____</p>	<p>Yes/No _____</p>
<div style="border: 1px solid black; height: 398px;"></div>	<p>Total # of preparatory acts _____</p>	<p>Total # of preparatory acts _____</p>

Suicidal Behavior Suicidal behavior was present during the assessment period?	Yes/No _____	Yes/No _____
	Most Recent Attempt Date	Most Lethal Attempt Date
Actual Lethality/Medical Damage:		
Potential Lethality: Only Answer if Actual Lethality = 0		

Program Name			
Signature		Date	
Printed Name & Credentials			

Co-Signature		Date	
Printed Name & Credentials			