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SBQ-R Suicide Behaviors Questionnaire-Revised

Patient Name: _____ Date: _____

Instructions: Please check the number beside the statement or phrase that best applies to you.

1. Have you ever thought about or attempted to kill yourself? (check one only)
 - 1. Never
 - 2. It was just a brief passing thought
 - 3a. I have had a plan at least once to kill myself but did not try to do it
 - 3b. I have had a plan at least once to kill myself and really wanted to die
 - 4a. I have attempted to kill myself, but did not want to die
 - 4b. I have attempted to kill myself, and really hoped to die

2. How often have you thought about killing yourself in the past year? (check one only)
 - 1. Never
 - 2. Rarely (1 time)
 - 3. Sometimes (2 times)
 - 4. Often (3-4 times)
 - 5. Very Often (5 or more times)

3. Have you ever told someone that you were going to commit suicide, or that you might do it? (check one only)
 - 1. No
 - 2a. Yes, at one time, but did not really want to die
 - 2b. Yes, at one time, and really wanted to die
 - 3a. Yes, more than once, but did not want to do it
 - 3b. Yes, more than once, and really wanted to do it

4. How likely is it that you will attempt suicide someday? (check one only)
 - 0. Never
 - 1. No chance at all
 - 2. Rather unlikely
 - 3. Unlikely
 - 4. Likely
 - 5. Rather Likely
 - 6. Very Likely