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