

<b>Client Name</b>		<b>Client ID</b>	
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<b>Effective Date</b>		<b>Author</b>	
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**Suicidal Ideation / Behavior**

<b>Suicidal Ideation</b>		
<p>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.</p>	<b>Lifetime: Time He/She Felt Most Suicidal</b>	<b>Past 1 month</b>
<p><b>1. Wish to be dead</b>                      Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and wake up.  <b>Have you thought about being dead or what it would be like to be dead?</b>  <b>Have you wished you were dead or wished you could go to sleep and not wake up?</b>  <b>Do you ever wish you weren’t alive anymore?</b>                      If yes, describe:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Yes/No  _____	Yes/No  _____

<p><b>2. Non-Specific Active Suicidal Thoughts</b>                  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.  <b>Have you thought about doing something to make yourself not alive anymore?</b>  <b>Have you had any thoughts about killing yourself?</b></p> <p>If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Yes/No</p> <p>_____</p>	<p>Yes/No</p> <p>_____</p>
<p><b>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</b>                  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.”  <b>Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?</b></p> <p>If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Yes/No</p> <p>_____</p>	<p>Yes/No</p> <p>_____</p>

<p><b>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan</b>                  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.”  <b>When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do? This is different from (as opposed to) having the thoughts but knowing you wouldn’t do anything about it.</b>                  If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Yes/No  _____</p>	<p>Yes/No  _____</p>
<p><b>5. Active Suicidal Ideation with Specific Plan and Intent</b>                  Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.  <b>Have you ever decided how or when you would make yourself not alive anymore/kill yourself? Have you ever planned out (worked out the details of) how you would do it?</b>  <b>What was your plan? When you made this plan (or worked out these details), was any part of you thinking about actually doing it?</b>                  If yes, describe:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Yes/No  _____</p>	<p>Yes/No  _____</p>

<b>INTENSITY OF IDEATION</b>				
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.			<b>Lifetime - Most Severe</b>	<b>Recent- Most Severe</b>
		Enter Description of Ideation		
Lifetime – Most severe ideation				
Recent – Most severe ideation				
<b>Frequency</b> <b>How many times have you had these thoughts?</b> (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				

Suicidal Behavior (Check all that apply, so long as there are separate events; must ask about all types)	Lifetime	Past 3 months
<p><b>Actual Attempt:</b>                      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 <b>any</b> intent/desire to die associated with the act, then it can be considered an actual suicide attempt. <b>There does not have to any injury or harm</b>, 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.  <b>Did you ever <u>do anything</u> to try to kill yourself or make yourself not alive anymore? What did you do?</b>  <b>Did you ever hurt yourself on purpose? Why did you do that?</b>                          Did you _____ as a way to end your life?                          Did you want to die (even a little) when you _____?                          Were you trying to make yourself not alive anymore when you _____?                          Or did you think it was possible you could have died _____?  <b>Or did you do it purely for your reasons, <u>not at all</u> to end your life or kill yourself (like to make yourself feel better, or get something else to happen)? (Self-injurious behavior without suicidal intent)</b>                      If yes, describe:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>Yes/No  _____</p> <p>Total # of Attempts  _____</p>	<p>Yes/No  _____</p> <p>Total # of Attempts  _____</p>

<p><b>Has subject engaged in non-suicidal self-injurious behavior?</b></p>	<p>Yes/No _____</p>	<p>Yes/No _____</p>
<p><b>Has subject engaged in self-injurious behavior, intent unknown?</b></p>	<p>Yes/No _____</p>	<p>Yes/No _____</p>
<p><b>Interrupted Attempt:</b>                  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.  <b>Has there an been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do?</b>                  If yes, describe:</p> <div data-bbox="50 727 1663 1123" style="border: 1px solid black; height: 244px; width: 768px;"></div>	<p>Yes/No _____</p> <p>Total # of Interrupted _____</p>	<p>Yes/No _____</p> <p>Total # of Interrupted _____</p>

<p><b>Aborted or Self-Interrupted Attempt:</b>                  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.  <b>Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do?</b>                  If yes, describe:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>Yes/No                  _____</p> <p>Total # of aborted of self-interrupted                  _____</p>	<p>Yes/No                  _____</p> <p>Total # of aborted of self-interrupted                  _____</p>
<p><b>Preparatory Acts of Behavior:</b>                  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).  <b>Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself) – like giving things away, writing a goodbye note, getting things done you need to kill yourself?</b>                  If yes, describe:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>Yes/No                  _____</p> <p>Total # of preparatory acts                  _____</p>	<p>Yes/No                  _____</p> <p>Total # of preparatory acts                  _____</p>

<b>Suicidal Behavior</b> Suicidal behavior was present during the assessment period?	Yes/No  _____	Yes/No  _____												
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Most Recent Attempt Date</th> <th style="width: 15%; text-align: center;">Most Lethal Attempt Date</th> <th style="width: 10%; text-align: center;">Initial/First Attempt Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Actual Lethality/Medical Damage:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>Potential Lethality: Only Answer if Actual Lethality = 0</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Most Recent Attempt Date	Most Lethal Attempt Date	Initial/First Attempt Date	<b>Actual Lethality/Medical Damage:</b>				<b>Potential Lethality: Only Answer if Actual Lethality = 0</b>			
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<b>Program Name</b>			
<b>Signature</b>		<b>Date</b>	
<b>Printed Name &amp; Credentials</b>			

<b>Co-Signature</b>		<b>Date</b>	
<b>Printed Name &amp; Credentials</b>			