Suicidal Ideation Scale

Name: _____ **Date:** _____ dd / mm / yyyy

Always ask questions 1 and 2

1. Have you wished you were dead or wished you could go to sleep and not wake up?

◯ Yes ◯ No

Since when? (Question 1): _____

2. Have you actually had any thoughts about killing yourself?

◯ Yes ◯ No

Since when? (Question 2): _____

Notes:

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?

◯ Yes ◯ No

Since when? (Question 3): _____

4. Have you had these thoughts and had some intention of acting on them?

◯ Yes ◯ No

Since when? (Question 4): _____

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?

◯ Yes ◯ No

Since when? (Question 5): _____

Notes:

Always Ask Question 6

Have you done anything, started to do anything, or prepared to do anything to end your life? If you answered Yes, please provide a description of what you have done in full detail. You may also refer to the following examples: Took pills but didn't swallow any, held a gun but someone grabbed it from you, went to the roof but didn't jump, gave your things away, etc.

Notes:

If you answered YES to questions 1 and 2, we strongly recommend that you seek help from Mental Health Professionals (Psychologists, Psychiatrists, or Counselors) for additional evaluation.

If you answered YES in questions 4, 5 or 6, please seek immediate help: Call or text 988, call 911, or go to the emergency room.

For mental health practitioners, if you are with the patient, STAY WITH THEM until they receive a proper evaluation.