

Beck's Suicide Intent Scale

Patient's full name: _____ Date assessed: _____

Scale

	Statements	Rating
Isolation	0. Somebody present 1. Somebody nearby, or in visual or vocal contact 2. No one nearby or in visual or vocal contact	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Timing	0. Intervention is probable 1. Intervention is not likely 2. Intervention in highly unlikely	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Precautions against discovery/intervention	0. No precautions 1. Passive precautions (avoiding others but doing nothing to prevent intervention; alone in room with unlocked door) 2. Active precautions (locked door)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Acting to Get Help During/After Attempt	0. Notified potential helper regarding attempt 1. Contacted but did not specifically notify potential helper regarding attempt 2. Did not contact or notify potential helper	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2

Final Acts in Anticipation of Death (e.g., will, gifts, insurance)	0. None 1. Thought about or made come arrangements 2. Made definite plans or completed arrangements	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Active Preparation for Attempt	0. None 1. Minimal to moderate 2. Extensive	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Suicide Note	0. Absence of note 1. Note written, but torn up; note thought about 2. Presence of note	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Overt Communication of Intent Before the Attempt	0. None 1. Equivocal communication 2. Unequivocal communication	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Alleged Purpose of Attempt	0. To manipulate environment, get attention, revenge 1. Components of "0" and "2" 2. To escape, surcease, solve problems	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Expectations of Fatality	0. Thought that death was unlikely 1. Thought that death was possible but not probable 2. Thought that death was probable or certain	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Conception of Method's Lethality	0. Did less to self than he thought would be lethal 1. Wasn't sure if what he did would be lethal 2. Equaled or exceeded what he thought would be lethal	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2

Seriousness of Attempt	0. Did not seriously attempt to end life 1. Uncertain about seriousness to end life 2. Seriously attempted to end life	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Attitude Toward Living/Dying	0. Did not want to die 1. Components of "0" and "2" 2. Wanted to die	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Conception of Medical Rescuability	0. Thought that death would be unlikely if he received medical attention 1. Was uncertain whether death could be averted by medical attention 2. Was certain of death even if he received medical attention	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Degree of Premeditation	0. None; Impulsive 1. Suicide contemplated for three hours or less prior to attempt 2. Suicide contemplated for more than three hours prior to attempt	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Reaction to Attempt	0. Sorry about attempt; feels foolish, ashamed (circle which one) 1. Accepts both attempt and its failure 2. Regrets failure of attempt	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Visualization of Death	0. Life-after-death, reunion with decedents 1. Never-ending sleep, darkness, end-of-things 2. No conceptions of, or thoughts about death	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Number of Previous Attempts	0. None 1. One or two 2. Three or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2

Additional Comments

Clinician's full name: _____

Signature: _____

Date signed: _____