

# Suicidal Ideation Scale

|       |       |
|-------|-------|
| Name: | Date: |
|-------|-------|

| <i>Always ask questions 1 and 2</i>   | Yes or No? | Since when? |
|---|------------|-------------|
| 1. Have you wished you were dead or wished you could go to sleep and not wake up? |            |             |
| 2. Have you actually had any thoughts about killing yourself?                     |            |             |

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

Notes:

*Always Ask Question 6*

|   |  |
|---|--|
| <p>6. Have you done anything, started to do anything, or prepared to do anything to end your life?</p> <p>If you answered Yes, please provide a description of what you have done in full detail. You may also refer to the following examples:</p> <p>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.</p> |  |
|---|--|

Notes:

If you answered YES in 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.