

Suicidal Ideation Scale

Name:	Date:
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<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>	
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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.