

Suicide Behaviors Questionnaire-Revised (SBQ-R)

Name: _____

Date of Visit: _____

Instructions: Please check the number beside the statement or phrase that best applies to you.

1. ***Have you ever thought about or attempted to kill yourself?***

- (1) Never
- (2) It was just a brief passing thought
- (3a) I have had a plan at least once to kill myself but did not try to do it
- (3b) I have had a plan at least once to kill myself and really wanted to die
- (4a) I have attempted to kill myself, but did not want to die
- (4b) I have attempted to kill myself, and really hoped to die

2. ***How often have you thought about killing yourself in the past year?***

- (0) Never
- (1) Rarely (1 time)
- (2) Sometimes (2 times)
- (3) Often (3-4 times)
- (4) Very Often (5 or more times)

3. ***Have you ever told someone that you were going to commit suicide, or that you might do it?***

- (1) No
- (2a) Yes, at one time, but did not really want to die
- (2b) Yes, at one time, and really wanted to do it
- (3a) Yes, more than once, but did not want to do it
- (3b) Yes, more than once, and really wanted to do it

4. ***How likely is it that you will attempt suicide someday?***

- (0) Never
- (1) No chance at all

- (2) Rather Unlikely
- (3) Unlikely
- (4) Likely
- (5) Rather Likely
- (6) Very Likely

Scoring

It consists of four Likert scale questions, with responses ranging from 0 (never) to 4 (very often). The total score for the SBQ-R falls within the range of 3 to 18.

To calculate the score, sum up the responses to the four questions. A total score of 11 or higher suggests a high risk of suicide.

A score between 7 and 10 indicates moderate risk, while a score of 6 or lower suggests low risk. This scoring system provides valuable information for identifying individuals at different levels of suicide risk and guiding appropriate interventions.

Score	Risk Level
11 or higher	High risk
7 to 10	Moderate risk
6 or lower	Low risk