

### C-SSRS Suicide Screen

Please place a check mark in the box for the appropriate answers

Please answer questions 1 and 2	Since Last Contact	
	YES	NO
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 of killing yourself?  If <u>YES</u> , answer all questions 3, 4, 5, and 6. If <u>NO</u> , skip directly to question 6.	___	___
3) <b>Have you thought about how you might do this?</b> <i>(For example, "I thought about taking an overdose but I never worked out the details about when, where, and how I would do that and I would never act on these thoughts.")</i>	___	___
4) <b>Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts, but you definitely would not act on them?</b> <i>(For example, "I had the thought of killing myself by taking an overdose and am not sure whether I would do it or not.")</i>	___	___
5) <b>Have you done anything, started to do anything, or prepared to do anything to end your life?</b> <i>(For example: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind about hurting yourself or it was grabbed from your hand, went to the roof to jump but didn't; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)</i>  If YES, what did you do? _____ _____	Since Last Contact	
	YES	NO
6) <b>Have you done anything, started to do anything, or prepared to do anything to end your life?</b> <i>(For example: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind about hurting yourself or it was grabbed from your hand, went to the roof to jump but didn't; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)</i>  If YES, what did you do? _____ _____	___	___

Signature

Printed Name

Date