



Ask **Suicide-Screening** Questions

Suicide Screening Questions

1. In the past few weeks, have you wished you were dead?

- Yes No No response

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?

- Yes No No response

3. In the past week, have you been having thoughts about killing yourself?

- Yes No No response

4. Have you ever tried to kill yourself?

- Yes No No response

If yes, how?

When?

If the patient answers yes to any of the above...

5. Are you having thoughts of killing yourself right now?

- Yes No No response



National Institute
of Mental Health