

		Past Month	
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?			
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6			
3) Have you thought about how you might do this?			
4) 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?		High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		High Risk	
Always Ask Question 6		Lifetime	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>			High Risk



Any **YES** indicates the need for further care. However, if the answer to **4, 5 or 6** is **YES**, **immediately ESCORT** to Emergency Personnel for care, **call 1-800-273-8255, text 741741 or call 911.**

DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP