## ASK SUICIDE-SCREENING QUESTIONS*

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Date of Birth / /</th>
<th>Soc. Sec.# - -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td>Language</td>
<td>Medicaid ID #</td>
</tr>
<tr>
<td>Date of Scale Completion / /</td>
<td>Relationship</td>
<td>Rater</td>
</tr>
</tbody>
</table>

### Instructions

Rate the behavior over the past week. Select as many items as are appropriate.

### 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?**

### Scoring

Positive responses to one or more of these questions may indicate a risk factor for suicide in youth. Evaluate or refer as needed.

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*This is a newly developed screening tool published by the National Institute of Mental Health based on the study cited below. It has promising applications due to its ease of administration in clinical settings, though additional research and validation is needed in a variety of clinical settings.*

### Sources:

2. Emergency Department Suicide Screening Tool Accurately Predicts At Risk Youth. [National Institute of Mental Health](https://www.mayoclinic.org/).