Module 1: About Me

Instructions

You will now be asked questions about your background, your family history and your thinking. Please select the option(s) that best applies to you.

Some of these questions are very personal, but they help to better understand your thoughts about suicide.

Answer questions as carefully and thoughtfully as you can. This module may take about 10 minutes to complete.
1. My year of birth is: ___________ □ Do not know

2. My place of birth is:
   Country_______________________ □ Do not know
   State/Province_______________ □ Do not know

3. My sex is…
   ○ Female
   ○ Male
   ○ Transgender male to female
   ○ Transgender female to male
   ○ Other

3a. I have had a baby in the past year... (Select the response that is best for you.)
   ○ No
   ○ No, but I am pregnant
   ○ No, but I had a miscarriage
   ○ No, but I had an abortion
   ○ Yes, within the last 3 months
   ○ Yes, in the last 3-6 months
   ○ Yes, in the last 6-9 months
   ○ Yes, in the last 9-12 months

4. My sexual orientation is...
   ○ Heterosexual / Straight
   ○ Bisexual
   ○ Lesbian / Gay
   ○ Uncertain
   ○ Prefer not to say

5. I am sometimes distressed because of my sexual orientation or gender identity.
6. I am... (Select the response that is best for you.)
   - Single
   - Married / Civil partnership
   - Divorced
   - Widowed
   - I have a boyfriend / girlfriend
   - I am in a stable nonmarital partnership
   - Other
     If Other, please specify: ____________________

7. My highest level of education is...
   - I have had no formal schooling
   - Up to 6 years (Elementary school)
   - 7-9 years (Middle school)
   - 10-12 years (High school)
   - 13-16 years (College)
   - More than 16 years (Postgraduate or professional school)

8. My current living situation is... (Please select the response that is best for you, if you are in a hospital for a short time indicate living situation prior to hospitalization.)
   - Living with spouse or partner
   - Living with family
   - Living with a roommate / housemate
   - Living in a group home
   - Living alone
   - Long-term hospitalization
   - Jail or Prison
   - Homeless
9. My primary source of income is... *(Select the response that is best for you.)*
   - Full time employment
   - Part time employment
   - Retirement Income
   - Government benefits
   - Inherited income
   - Gifts
   - Parent or other family member
   - Charity
   - Other
     If Other, please specify: ___________________

10. My racial group is... *(If you are from a mixed racial group, select all that are true for you.)*
    - Aboriginal or native people
    - Black African
    - Caucasian (White)
    - East Asian
    - South Asian
    - Prefer not to say
    - Other
      If Other, please specify: ___________________

11. My religious/spiritual beliefs are best described as… *(Select the response that is best for you.)*
    - Atheist
    - Buddhist
    - Christian-Catholic
    - Christian-Orthodox
    - Christian-Protestant
    - Christian-Other
12. My religious/spiritual beliefs are important to me.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

13. I have served in the military.
   - No
   - Yes

13a. I am currently on active duty.
   - No
   - Yes

13b. I have served in military combat duty.
   - No
   - Yes

14. I have a medical condition
   - No
14a. To the best of my knowledge, my current medical diagnosis(s) is/are….
(Select all that are true for you.)

- A terminal illness
- Chronic pain
- Dementia
- Epilepsy
- Mild cognitive impairment
- Parkinson's Disease
- Other medical Illness
- Other physical disability
- Prefer not to say
  If Other, please specify: __________________

15. I have a psychiatric condition.

- No
- Yes

15a. To the best of my knowledge, my current psychiatric diagnoses are….
(Select all that are true for you.)

- Anorexia (Eating Disorder)
- Anxiety Disorder
- Attention Deficit Disorder / ADHD
- Bipolar Disorder-Depressed
- Bipolar Disorder-Mania
- Bipolar Disorder-Mixed
- Borderline Personality
- Bulimia (Eating Disorder)
- Depression
- Obsessive Compulsive Disorder
- Post-traumatic stress disorder / PTSD
- Schizophrenia
- Substance Use Disorder
- Other intellectual or mental disability
- Prefer not to say
  If Other, please specify: ___________________

16. I have been knocked unconscious by a hit on the head.
   - Never
   - Not sure
   - Yes
   Please specify the number of times: _________

16a. The longest time for which I was unconscious was…
   - Less than 1 minute
   - Less than 30 min
   - 30 min-24 hours
   - Greater than 24 hours
   - Uncertain

16b. I was most recently knocked unconscious… (Give the date as best you remember.)
   - Day___________ Month/Year__________

17. I have sometimes thought that I would be better off dead.
   - No
   - Yes

18. I have sometimes thought about attempting suicide.
   - No
   - Yes

18a. To the best of my knowledge, I first thought about attempting suicide when I was (specify how many) years old. _________

18b. I have thought about ending my life, but have not decided to do this.
   - No
   - Yes
18c. I have definitely decided to end my life.
   ○ No
   ○ Yes

18d. I have decided on a method for ending my life.
   ○ No
   ○ Yes

18e. What method(s) are you considering for ending your life? (Select all that apply.)
   ○ Automobile or similar planned 'accident'
   ○ Drowning
   ○ Freezing
   ○ Gun
   ○ Hanging
   ○ Jumping from a high place
   ○ Jumping in front of a moving vehicle
   ○ Overdose on illegal drugs
   ○ Overdose on medications
   ○ Poisoning
   ○ Stabbing or cutting
   ○ Stopping medication to treat a life-threatening illness
   ○ Suffocation / Asphyxiation / Gassing
   ○ Other
     If Other, please specify: ___________________

18f. Which methods are available to you? (Select all that apply.)
   ○ Automobile or similar planned 'accident'
   ○ Drowning
   ○ Freezing
   ○ Gun
   ○ Hanging
   ○ Jumping from a high place
Jumping in front of a moving vehicle
- Overdose on illegal drugs
- Overdose on medications
- Poisoning
- Stabbing or cutting
- Stopping medication to treat a life-threatening illness
- Suffocation / Asphyxiation / Gassing
- Other
  If Other, please specify: ___________________

18g. I have decided on a place where I will end my life.
- No
- Yes

18h. I have decided on the time or circumstances for ending my life.
- No
- Yes

18i. I have done research on how to end my life.
- No
- Yes

18j. I am currently preparing to end my life.
- No
- Yes

18k. I have a "back up plan" to end my life if things get too bad for me.
- No
- Yes

18l. I have made one or more attempts to end my life.
- No
- Yes

18m. To the best of my knowledge I first attempted suicide when I was (specify how many) years old. __________
18n. To the best of my knowledge, I have attempted suicide \textit{(specify how many)} times during my lifetime. \underline{__________}

18o. My most recent suicide attempt was….
\textit{(Give the date as best you remember.)}

\begin{itemize}
\item[\circ] \text{Day} \underline{________} \text{Month/Year} \underline{________}
\end{itemize}

18p. I have used the following methods in attempts to end my life in the past…
\textit{(Select all that apply.)}

\begin{itemize}
\item[\circ] \text{Automobile or similar planned 'accident'}
\item[\circ] \text{Drowning}
\item[\circ] \text{Freezing}
\item[\circ] \text{Gun}
\item[\circ] \text{Hanging}
\item[\circ] \text{Jumping from a high place}
\item[\circ] \text{Jumping in front of a moving vehicle}
\item[\circ] \text{Overdose on illegal drugs}
\item[\circ] \text{Overdose on medications}
\item[\circ] \text{Poisoning}
\item[\circ] \text{Stabbing or cutting}
\item[\circ] \text{Stopping medication to treat a life-threatening illness}
\item[\circ] \text{Suffocation / Asphyxiation / Gassing}
\item[\circ] \text{Other}
\item[\circ] \text{If Other, please specify:} \underline{______________}
\end{itemize}

18q. When I most recently attempted to end my life, the method used was…
\textit{(Select all that apply.)}

\begin{itemize}
\item[\circ] \text{Automobile or similar planned 'accident'}
\item[\circ] \text{Drowning}
\item[\circ] \text{Freezing}
\item[\circ] \text{Gun}
\item[\circ] \text{Hanging}
\item[\circ] \text{Jumping}
\item[\circ] \text{Jumping from a high place}
\item[\circ] \text{Jumping in front of a moving vehicle}
\end{itemize}
○ Overdose on illegal drugs
○ Overdose on medications
○ Poisoning
○ Stabbing or cutting
○ Stopping medication to treat a life-threatening illness
○ Suffocation / Asphyxiation / Gassing
○ Other
   If Other, please specify: ___________________

18r. The medical responses to my suicide attempts in the past were…. (Select all that apply.)
   ○ Emergency Room Visit
   ○ Hospitalization
   ○ Visit with a mental health professional
   ○ Visit with a nonmental health professional
   ○ None

18s. I have started to end my life by suicide in the past, but I stopped before completing the attempt.
   ○ No
   ○ Yes

18t. To the best of my knowledge, this has happened (specify how many) times during my lifetime. __________

18u. To the best of my knowledge, this most recently happened… (Give the date as best you remember.)
   ○ Day __________ Month/Year __________

18v. I have started to end my life in the past but someone or some event stopped me from completing it.
   ○ No
   ○ Yes

18w. To the best of my knowledge, this has happened (specify how many) times during my lifetime. __________
18x. To the best of my knowledge, this most recently happened… *(Give the date as best you remember.)*
   - Day__________ Month/Year __________

19. In the past I have injured myself or overdosed as a 'cry for help' without intending to end my life (for example, by burning, cutting, or hitting myself).
   - Never
   - Not sure
   - Slightly agree
   - Agree
   - Strongly agree

19a. To the best of my knowledge, this has happened *(specify how many)* times during my lifetime. __________

19b. I first started injuring myself when I was *(specify how many)* years old. __________

19c. "This most recently happened …." *(Give the date as best you remember.)*
   - Day__________ Month/Year __________

20. The death of one or more of my family members continues to depress me. *(Select the best response.)*
   - Not applicable
   - No, I am seldom depressed by the deaths of family members
   - Yes, I am depressed by deaths of family members who died in the past month
   - Yes, I am depressed by deaths of family members who died in the past year
   - Yes, I am depressed by deaths of family members who died more than a year ago

21. The number of members in my family who have died by suicide is __________

21a. My family members who died by suicide are… *(Select all that apply.)*
   - Aunt/Uncle
   - Brother / Sister
   - Child or Stepchild
   - Father
   - Grandparent
22. The number of members in my family who have attempted suicide but did not die is __________

22a. My family members who attempted suicide but did not die are... (Select all that are true for you.)

- Mother
- Spouse / Partner
- Stepbrother or sister / Half brother or sister
- Step-father
- Step-mother
- I do not know
- Other
  If Other, please specify: ___________________

22b. For my (relative), this death or attempt occurred… (Give the date as best you remember.)

- Aunt / Uncle
  Day__________ Month/Year _________
- Brother / Sister
  Day__________ Month/Year _________
- Child or Stepchild
  Day__________ Month/Year _________
- Father
  Day__________ Month/Year _________
23. Besides my family, someone else important to me has died by or attempted suicide.

○ No
○ Yes

23a. The person who died by or attempted suicide was….(Select all that influence your thinking about taking your life.)

○ An internet friend or acquaintance
○ Boyfriend / Girlfriend
○ Person whom I admired
○ Relative not listed above
○ Someone from school or work
○ Someone I read about
○ Other close friend
○ Other
If Other, please specify: ___________________

23b. This (significant person)'s death or suicide attempt occurred…. (Give the date as best you remember.)

○ An internet friend or acquaintance Day________ Month/Year________
○ Boyfriend / Girlfriend Day________ Month/Year________
○ Person whom I admired Day________ Month/Year________
○ Relative not listed above Day________ Month/Year________
○ Someone from school or work Day________ Month/Year________
○ Someone I read about Day________ Month/Year________
○ Other close friend Day________ Month/Year________
24. I intentionally do things that put my life at risk. 
(Select the choice that best applies to you.)

- Never
- I rarely do this
- I occasionally do this
- I frequently do this
- I do this nearly every day

24a. Is this part of your regular job?

- Yes
- No

25. I have been severely physically abused or physically bullied.

- Never
- Not sure
- Slightly agree
- Agree
- Strongly agree

25a. The duration of my severe physical abuse/bullying was...

- One time
- A few times
- Continued for months (specify how many)
- Continued for years (specify how many)

Please specify how many months / years: __________

25b. This physical abuse/bullying first occurred when I was (specify how many) years old. __________

25c. This physical abuse/bullying most recently occurred... (Give the date as best you remember.)

- Day___________ Month/Year__________
26. I have been severely physically neglected.
   - Never
   - Not sure
   - Slightly agree
   - Agree
   - Strongly agree

26a. The duration of my severe physical neglect was...
   - One time
   - A few times
   - Continued for months *(specify how many)*
   - Continued for years *(specify how many)*
   Please specify how many months / years: __________

26b. This severe physical neglect first occurred when I was *(specify how many)* years old. __________

26c. This severe physical neglect most recently occurred… *(Give the date as best you remember.)*
   - Day________ Month/Year________

27. I have been severely emotionally abused or emotionally bullied.
   - Never
   - Not sure
   - Slightly agree
   - Agree
   - Strongly agree

27a. The duration of my severe emotional abuse/bullying was...
   - One time
   - A few times
   - Continued for months *(specify how many)*
   - Continued for years *(specify how many)*
   Please specify how many months / years: __________

27b. This severe emotional abuse/bullying first occurred when I was *(specify how many)* years old. __________
27c. This severe emotional abuse/bullying most recently occurred… *(Give the date as best you remember.)*
   - Day__________ Month/Year__________ For

28. I have been severely emotionally neglected.
   - Never
   - Not sure
   - Slightly agree
   - Agree
   - Strongly agree

28a. The duration of my severe emotional neglect was...
   - One time
   - A few times
   - Continued for months *(specify how many)*
   - Continued for years *(specify how many)*
     Please specify how many months / years: __________

28b. This severe emotional neglect first occurred when I was (specify how many) years old. __________

28c. This severe emotional neglect most recently occurred… *(Give the date as best you remember.)*
   - Day__________ Month/Year__________

29. I have been raped or abused sexually.
   - Never
   - Not sure
   - Slightly agree
   - Agree
   - Strongly agree

29a. The duration of my sexual abuse was...
   - One time
   - A few times
29b. This rape or sexual abuse first occurred when I was (specify how many) years old.

29c. This rape or sexual abuse most recently occurred… (Give the date as best you remember.)

o Day__________ Month/Year_________

Thank you for the time you spent on this module. Please indicate that you have answered questions to the best of your ability by checking this box.

This section is now complete. □
Module 2: My Risk/Protective Factors

Instructions

For the following questions, please select the option that best describes how you have acted or felt in the past 7 days.

Please select the response that best applies to you in the past 7 days.

This may take about 5 minutes to complete.
Over the past 7 days:

1. ...I have felt hopeful.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

2. ...I have felt agitated.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

3. ...I have felt happy.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

4. ...my life has felt empty.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time
5. ...I have felt valued by others.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

6. ...my emotions have been stable.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

7. ...I have wanted to end my life.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

8. ...I have felt hopeless.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

9. ...I have felt calm.
   - Never
- Rarely
- Sometimes
- Often
- Most of the time
- All the time

10. ...I have felt depressed.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

11. ...my life has felt fulfilled.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

12. ...I have felt worthless.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

13. ...I have gotten angry easily.
   - Never
   - Rarely
14. ...my sleep has been good.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

15. ...I have had sudden, unexpected urges to take my life.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

16. ...I have felt anxious.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

17. ...my relationships with others have been good.
   - Never
   - Rarely
   - Sometimes
18. I have felt isolated from others.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

19. I have thought about killing myself.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

20. I have wanted to hurt other people.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All the time

21. I have heard a voice telling me to kill myself.
   - Never
   - Rarely
   - Sometimes
   - Often
Most of the time
All the time

22. ...I have smoked cigarettes or used similar products that contain nicotine.
   Yes
   No

22a. On average, I have smoked (specify how many) cigarettes each day in the past 7 days.
   less than 10
   10 to 20
   21-40
   41-60
   more than 60

23. ...I have had drinks that contain alcohol.
   Yes
   No

23a. ... I have drunk alcohol on (specify how many) of the past 7 days.
   1
   2
   3
   4
   5
   6
   7

23b. I have had approximately (specify how many) alcoholic drinks each day in the past 7 days.
   1-5
   6-10
   11-20
   More than 20
23c. When I used alcohol in the past 7 days, my thoughts of suicide….
   - [ ] decreased
   - [ ] did not change
   - [ ] increased somewhat
   - [ ] increased a lot

24. ...I have used recreational drugs.
   - [ ] Yes
   - [ ] No

24a. I have used recreational drugs on (specify how many) of the past 7 days.
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7

24b. When I used recreational drugs in the past 7 days, my thoughts of suicide….
   - [ ] decreased
   - [ ] did not change
   - [ ] increased somewhat
   - [ ] increased a lot

25. ...I have been in jail or prison.
   - [ ] Yes
   - [ ] No

Thank you for the time you spent on this module. Please indicate that you have answered questions to the best of your ability by checking this box.

This section is now complete. 

Module 3: My Current Thinking

Instructions

Please read each of the statements that follow and select the option that best describes how you are thinking or feeling right now.

This may take about 7 minutes.
Right now…

1. I am glad to be alive.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

2. I feel worthless.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

3. It is difficult to control my urges to end my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

4. I feel powerless to improve my situation.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
5. My spiritual/religious beliefs prevent me from ending my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

6. I wish to die in my sleep in the near future.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

7. My concern for others prevents me from ending my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

8. If I developed a life-threatening illness, I would make every effort to overcome it.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

10. I have been shamed and should die.
    - Strongly disagree
    - Disagree
    - Slightly disagree
    - Slightly agree
    - Agree
    - Strongly agree

11. I feel so depressed that I would be better off dead.
    - Strongly disagree
    - Disagree
    - Slightly disagree
    - Slightly agree
    - Agree
    - Strongly agree

12. I think I will end my life within the next year.
    - Strongly disagree
    - Disagree
    - Slightly disagree
    - Slightly agree
    - Agree
    - Strongly agree
13. I feel lonely.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

14. My emotional distress is so severe that I want to end my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

15. I feel so stressed that it would be better if I were dead.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

16. People or forces in the world want me to be dead.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
17. I feel guilty about things I have done.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

18. Others would be better off if I were dead.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

19. There is no future for me.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

20. I worry that there will be no one to help care for me.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
21. I fantasize about ending my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

22. I have life goals that are important to me.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

23. I wish I were dead.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

24. I feel trapped in my current unhappy situation.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
25. I am a good person.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

26. My life is hopeless and taking my life is the only way out.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

27. There is a greater purpose for my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

28. My thoughts are mixed up and I am confused.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
29. I want to make my life a better one.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

30. I feel neglected.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

31. Death is the only solution to my problems.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

32. Some people in my life give me happiness.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
33. I am fully prepared to end my life.
   ○ Strongly disagree
   ○ Disagree
   ○ Slightly disagree
   ○ Slightly agree
   ○ Agree
   ○ Strongly agree

34. Helping others gives my life purpose.
   ○ Strongly disagree
   ○ Disagree
   ○ Slightly disagree
   ○ Slightly agree
   ○ Agree

35. Nobody will care if I am dead.
   ○ Strongly disagree
   ○ Disagree
   ○ Slightly disagree
   ○ Slightly agree
   ○ Agree
   ○ Strongly agree

36. I want to stay alive.
   ○ Strongly disagree
   ○ Disagree
   ○ Slightly disagree
   ○ Slightly agree
   ○ Agree
   ○ Strongly agree
37. My physical pain is so severe that I want to end my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

38. My emotional (mental) pain is so severe that I want to end my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

39. I want to spend more time alone.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

40. I feel anxious much of the time.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
41. I feel agitated much of the time.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

42. I feel frightened much of the time.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

43. I am talented and skilled.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

44. I feel in control of my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

45. I am a burden to others.
   - Strongly disagree
46. I am scared of dying.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

47. I have troubling thoughts that I cannot control.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

48. I am having a crisis in my life.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

Thank you for the time you spent on this module. Please indicate that you have answered questions to the best of your ability by checking this box.

This section is now complete. □
Module 4: My Actions

Instructions

For the following questions, please select the response option that best applies to your activities related to suicide since you last answered these questions.

This may take about 5 minutes.
1. Since I last answered these questions... I have injured myself.
   - No
   - Yes

2. Since I last answered these questions... I injured myself on purpose.
   - No
   - Yes
   - Uncertain

3. Since I last answered these questions... I tried to end my life.
   - No
   - Yes
   - Uncertain

3a. How many times did you try to end your life since you last answered these questions? __________

3b. When did you most recently try to end your life? Day______ Month/Year_________

3c. When you most recently tried to end your life, what was your method? (Select all that apply.)
   - Automobile or similar planned 'accident'
   - Drowning
   - Freezing
   - Gun
   - Hanging
   - Jumping from a high place
   - Jumping in front of a moving vehicle
   - Overdose on illegal drugs
   - Overdose on medications
   - Poisoning
   - Stabbing or cutting
   - Stopping medication to treat a life-threatening illness
   - Suffocation / Asphyxiation / Gassing
   - Other
If Other, please specify: ___________________

4. Since I last answered these questions… I intentionally took an overdose of drugs or medicine.
   - No
   - Yes

5. Since I last answered these questions… I have made a suicide attempt that did not result in injury.
   - No
   - Yes

5a. How many times did you make a suicide attempt that did not result in injury since you last answered these questions? ________

5b. When did you most recently make a suicide attempt that did not result in an injury?
   - Day___________ Month/Year__________

6. Since I last answered these questions… besides suicide attempts identified above, I have made additional preparations to harm myself or end my life.
   - No
   - Yes

6a. How many additional times did you prepare to end your life since you last answered these questions? ________

7. Since I last answered these questions… I have started to attempt suicide but I stopped myself before going through with it.
   - No
   - Yes

7a. How many times did you stop yourself from ending your life since you last answered these questions? ________

8. Since I last answered these questions… I have started to end my life but someone or some event stopped me from completing it.
   - No
   - Yes
8a. How many times did someone, or some event prevent you from ending your life since you last answered these questions? __________

9. Since I last answered these questions… I have injured myself or overdosed as a 'cry for help' without intending to end my life (for example, by burning, cutting, or hitting myself).
   - [ ] No
   - [ ] Yes

9a. How many times did you intentionally injure yourself without intending to die since you last answered these questions? __ __________

10. Since I last answered these questions… I have sometimes thought about attempting suicide.
   - [ ] No
   - [ ] Yes

10a. Since I last answered these questions… I have thought about ending my life, but have not decided to do this.
   - [ ] No
   - [ ] Yes

10b. I have definitely decided to end my life.
   - [ ] No
   - [ ] Yes

10c. I have decided on a method for ending my life.
   - [ ] No
   - [ ] Yes

10ca. What method(s) are you considering for ending your life? (Select all that apply.)
   - [ ] Automobile or similar planned ‘accident’
   - [ ] Drowning
   - [ ] Freezing
   - [ ] Gun
   - [ ] Hanging
   - [ ] Jumping from a high place
   - [ ] Jumping in front of a moving vehicle
10cb. Which methods are available to you? (Select all that apply.)

- Overdose on illegal drugs
- Overdose on medications
- Poisoning
- Stabbing or cutting
- Stopping medication to treat a life-threatening illness
- Suffocation / Asphyxiation / Gassing
- Other
  If Other, please specify: ___________________

10d. Since I last answered these questions... I have decided on a place where I will end my life.

- No
- Yes
10e. Since I last answered these questions... I have decided on the time or circumstances for ending my life.
   ○ No
   ○ I may end my life in the future, but not soon
   ○ I will end my life within the next year
   ○ I will end my life within the next month
   ○ I will end my life within the next week
   ○ I will end my life within the next day

10f. Since I last answered these questions... I have done research on how to end my life.
   ○ No
   ○ Yes

10g. Since I last answered these questions... I have started to prepare to end my life.
   ○ No
   ○ Yes

10ga. What preparations have you made?
   ○ I started preparations, but most details are not complete
   ○ I started preparations, but some details are not yet complete
   ○ I am fully prepared to end my life

10gb. In preparation for ending my life, I have completed plans for giving my belongings to others and for caring for my pets and loved ones.
   ○ I have not done this
   ○ I have just begun to think about this
   ○ I have started, but these plans are not fully in order
   ○ All of these plans are in order for my death

11. Since I last answered these questions... I have looked for help from others for my suicidal thinking (for example, on the internet, or from a friend, from a psychiatrist).
   ○ No
   ○ Yes
12. Since I last answered these questions... I have told someone that I want to end my life.
   - No
   - Yes

12a. With whom did you discuss your suicidal thinking? *(Select all that apply.)*
   - A nonmental health professional (e.g., a clergyman)
   - A psychiatrist or mental health professional
   - An internet friend or acquaintance
   - Close friend
   - Distant relative
   - Family, significant other, or close relative
   - Someone from a suicide prevention 'hotline'
   - Someone from school or work
   - Other
     If Other, please specify: ___________________

13. Since my last visit, I have been hospitalized for a mental problem.
   - Yes
   - No

13a. I was hospitalized for making a suicide attempt or thinking about one.
   - Yes
   - No

13b. I am in a psychiatric hospital now.
   - Yes
   - No

13ba. When were you released from the hospital?
   - Day___________ Month/Year__________

14. Since I last answered these questions... I have been in jail or prison.
   - Yes
   - No
14a. I am in jail or prison now.
   ○ Yes
   ○ No

14aa. When were you released from jail or prison?
   ○ Day___________ Month/Year__________

Thank you for the time you spent on this module. Please indicate that you have answered questions to the best of your ability by checking this box.

This section is now complete. □
Module 5: My Risk

1. Which of the following ratings best describes your desire to die in the past 7 days? GUIDANCE TO SCORING: Your experience is unique, and you should provide the response that best fits your situation.
   - 0 I have not wanted to die.
   - 1 I rarely wanted to die.
   - 2 I sometimes wanted to die.
   - 3 I wanted to die much of the time.
   - 4 I wanted to die all of the time.

2. Which of the following ratings best describes your intent to end your life in the past 7 days? GUIDANCE TO SCORING: Your experience is unique, and you should provide the response that best fits your situation.
   - 0 I have not wanted to end my life.
   - 1 I rarely wanted to end my life.
   - 2 I sometimes wanted to end my life.
   - 3 I wanted to end my life much of the time.
   - 4 I wanted to end my life all of the time.

3. Which of the following ratings best describes your thinking about suicide right now? GUIDANCE TO SCORING: Your experience is unique, and you should provide the response that best fits your situation.
   - 0 I have no suicidal thoughts.
   - 1 I have suicidal thoughts a little of the time.
   - 2 I have suicidal thoughts some of the time.
   - 3 I have suicidal thoughts most of the time.
   - 4 I have suicidal thoughts all of the time.

4. Given your current thinking and past experience, which of the following best describes the likelihood that you attempt to end your life in the near future? GUIDANCE TO SCORING: Your experience is unique, and you should provide the response that best fits your situation.
   - 0 I will not end my life in the near future.
   - 1 It is unlikely that I will end my life in the near future.
   - 2 It is possible that I will end my life in the near future.
   - 3 It is likely that I will end my life in the near future.
   - 4 I will end my life in the near future.

5. Did completing this assessment affect your desire to take your life in any way?
   - 0 It greatly lowered my desire to take my life.
   - 1 It somewhat lowered my desire to take my life.
   - 2 It had no effect on my desire to take my life.
   - 3 It somewhat increased my desire to take my life.
   - 4 It greatly increased my desire to take my life.
How did completing the scale change your thinking about suicide?

Thank you for the time you spent on this module. Please indicate that you have answered questions to the best of your ability by checking this box.

This section is now complete.  

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