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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?

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When?

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**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