

Assessment:

Self Harm - Suicide

1. In the last 3 months, how many times have you deliberately hurt yourself or done something that you knew might hurt you?

Times
Refuse to Answer

2. Have you ever attempted suicide?

Yes 1
No 0
Refuse to Answer

3. How many times have you attempted suicide?

Times
Refuse to Answer

4. How many times during the last 3 months have you attempted suicide?

Times
Refuse to Answer

5. Did you ever tell anyone that you attempted suicide?

Yes 1
No 0
Refuse to Answer

Suicide attempts history

1. Over the course of your lifetime, or as far back as you can remember, have you made any attempts to harm or kill yourself?

No 1
Yes 2

2. How many suicide attempts have you made in your lifetime?

__ __ attempts

3. Have you ever received any of the following treatments for (this attempt/these attempts)? Indicate “yes” or “no” for each.

	<u>NO</u>	<u>YES</u>
a. ER visit	1	<u>2</u>
b. Medical hospitalization	1	<u>2</u>
c. Psychiatric hospitalization	1	2
d. Outpatient treatment (health care professional/therapist)	1	2
e. Counseling (minister, hotline)	1	2
f. Medication	1	2
g. Other (SPECIFY: _____)	1	2

4. In the past three months, have you made any suicide attempts to harm or kill yourself?

No	1
Yes	2

5. How many suicide attempts did you make in the past 3 months? .

___ attempts

6. Did you receive any of the following treatments for (this attempt/these attempts) in the past 3 months? Indicate “yes” or “no” for each.

	<u>NO</u>	<u>YES</u>
a. ER visit	1	<u>2</u>
b. Medical hospitalization	1	<u>2</u>
c. Psychiatric hospitalization	1	2
d. Outpatient treatment (health care professional/therapist)	1	2
e. Counseling (minister, hotline)	1	2
f. Medication	1	2
g. Other (SPECIFY: _____)	1	2

[INTERVIEWER NOTE: IF PARTICIPANT IS CURRENTLY SUICIDAL, CALL PROJECT MANAGER, _____, AT _____ IMMEDIATELY AND FOLLOW STUDY PROCEDURES TO INSURE HER/HIS SAFETY. REPORT ALL RECENT SUICIDE ATTEMPTS TO PROJECT MANAGEMENT.