

ASK SUICIDE-SCREENING QUESTIONS*

Client Name	Date of Birth / /	Soc. Sec.# - -
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Language	Medicaid ID #
Parent/Guardian Name		Relationship
Date of Scale Completion / /		Rater
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reponse	
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reponse	
3. In the past week, have you been having thoughts about killing yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reponse	
4. Have you ever tried to kill yourself? If yes, how? When?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reponse	
Scoring		
Positive responses to one or more of these questions may indicate a risk factor for suicide in youth. Evaluate or refer as needed.		

*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:

1. Horowitz LM, Bridge JA, Teach SJ, Ballard E, Klima J, Rosenstein DL, Wharff EA, Ginnis K, Cannon E, Joshi P, Pao M. Ask Suicide-Screening Questions (ASQ). A Brief Instrument for the Pediatric Emergency Department. Archives of Pediatrics and Adolescent Medicine. December 2012. 166(12):1170–1176.
2. Emergency Department Suicide Screening Tool Accurately Predicts At Risk Youth. [National Institute of Mental Health](http://www.nimh.nih.gov).