Suicide Risk Questionnaire

Part I: Suicide Risk Questionnaire

Have you heard someone say:	Have you observed:
☐ Life isn't worth living	\square Getting affairs n order (paying off debts,
\square My family would be better off without me	changing a will
\square Next time I'll take enough pills to do the job right	\square Giving away articles of either personal or
☐ Take my (prized collection, valuables) – I don't	monetary value
need this stuff anymore	$\hfill\Box$ Signs of planning a suicide such as obtaining a
\square I won't be around to deal with that	weapon or writing a suicide note
☐ You'll be sorry when I'm gone	
☐ I won't be in your way much longer	
\square I just can't deal with everything – life's too hard	
$lue{}$ Nobody understands me – nobody feels te way I do	
$\hfill\Box$ There's nothing I can do to make it better	
☐ I'd be better off dead	
\square I feel like there is no way out	
Pod II. Postovića Pid Ostationalia	
Part II: Depression Risk Questionnaire	
Have you noticed the following signs of depression:	If depression seems possible, have you also noticed:
Have you noticed the following signs of depression: □ Depressed Mood	
	noticed:
□ Depressed Mood	noticed: ☐ Extreme anxiety, agitation, irritability or risky
☐ Depressed Mood ☐ Change in sleeping patterns (too much/little,	noticed: ☐ Extreme anxiety, agitation, irritability or risky behavior
☐ Depressed Mood ☐ Change in sleeping patterns (too much/little, disturbances)	noticed: ☐ Extreme anxiety, agitation, irritability or risky behavior ☐ Racing thoughts, excessive energy, reduced
 □ Depressed Mood □ Change in sleeping patterns (too much/little, disturbances) □ Change in weight or appetite 	noticed: □ Extreme anxiety, agitation, irritability or risky behavior □ Racing thoughts, excessive energy, reduced need for sleep
 □ Depressed Mood □ Change in sleeping patterns (too much/little, disturbances) □ Change in weight or appetite □ Speaking and/or moving with unusual speed 	noticed: □ Extreme anxiety, agitation, irritability or risky behavior □ Racing thoughts, excessive energy, reduced need for sleep □ Excessive drug and/or alcohol use or abuse
 □ Depressed Mood □ Change in sleeping patterns (too much/little, disturbances) □ Change in weight or appetite □ Speaking and/or moving with unusual speed or slowness 	noticed: □ Extreme anxiety, agitation, irritability or risky behavior □ Racing thoughts, excessive energy, reduced need for sleep □ Excessive drug and/or alcohol use or abuse □ Neglect of physical health
 □ Depressed Mood □ Change in sleeping patterns (too much/little, disturbances) □ Change in weight or appetite □ Speaking and/or moving with unusual speed or slowness □ Loss of interest or pleasure in usual activities 	noticed: □ Extreme anxiety, agitation, irritability or risky behavior □ Racing thoughts, excessive energy, reduced need for sleep □ Excessive drug and/or alcohol use or abuse □ Neglect of physical health
 □ Depressed Mood □ Change in sleeping patterns (too much/little, disturbances) □ Change in weight or appetite □ Speaking and/or moving with unusual speed or slowness □ Loss of interest or pleasure in usual activities □ Withdrawal from family and friends 	noticed: □ Extreme anxiety, agitation, irritability or risky behavior □ Racing thoughts, excessive energy, reduced need for sleep □ Excessive drug and/or alcohol use or abuse □ Neglect of physical health
 □ Depressed Mood □ Change in sleeping patterns (too much/little, disturbances) □ Change in weight or appetite □ Speaking and/or moving with unusual speed or slowness □ Loss of interest or pleasure in usual activities □ Withdrawal from family and friends □ Fatigue or loss of energy 	noticed: □ Extreme anxiety, agitation, irritability or risky behavior □ Racing thoughts, excessive energy, reduced need for sleep □ Excessive drug and/or alcohol use or abuse □ Neglect of physical health
 □ Depressed Mood □ Change in sleeping patterns (too much/little, disturbances) □ Change in weight or appetite □ Speaking and/or moving with unusual speed or slowness □ Loss of interest or pleasure in usual activities □ Withdrawal from family and friends □ Fatigue or loss of energy □ Diminished ability to think or concentrate, 	noticed: □ Extreme anxiety, agitation, irritability or risky behavior □ Racing thoughts, excessive energy, reduced need for sleep □ Excessive drug and/or alcohol use or abuse □ Neglect of physical health

SCORING If you checked circles under:

Part I only, student may be a risk for suicide and professional help should be sought immediately.

Part II only, student may be suffering from depression or bipolar disorder and should seek further evaluation with a mental health professional or his/her primary care physician.

Parts I and II, the suicide risk is even higher. Strongly encourage professional help immediately.

(Suicide Risk Questionnaire was created by Screening for Mental Health, Inc. with educational facts adapted from material provided by National Depression Screening Day sponsors: The American Foundation of Suicide Prevention and the American College Health Association. Consultants: Ross J. Baldessarini, MD and Kay R. Jamison, PhD. Accessed January 18, 2010 at www.stopasuicide.org)