



Ask **Suicide Screening** Questions

**Suicide Screening Questions for the Emergency Department**

**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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When?

\_\_\_\_\_

\_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Record #: \_\_\_\_\_  
(or Patient Label)