



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)