

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
SUICIDE QUESTION RESPONSE FORM # 163**

This form is completed for each participant who has a Form 190 (Beck Depression Inventory II Form) where Q13 (Suicidal thoughts or wishes) is coded as "2" (I would like to kill myself) or a code of "3" (I would kill myself if I had a chance).

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1. Identification Number...

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2. Name Code...

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3. Date of F190 where Q13 = 2 or 3: mm/dd/yyyy...

4. What action was taken for this patient, since Q13 was coded as a 2 or 3?

200. Date this form completed (mm/dd/yyyy) _/ _/ _

201. Certification ID of person completing this form _ _ _ _ _

202. Certification ID of person entering this form _ _ _ _ _

For Clinical Center Use Only

Date Entered _/ _/ _