

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
mm dd yy

Initials: _____

Patient ID _____ - **ID** _____ - _____

Certification : **CERT** _____ (NIDA study only)

Visit: **VISIT** _____

For office use only.

LABS (SBQF) - Version: 04/16/2012 FORMV

Form Completion Date __/__/20__ **SBQFDAT**
mm dd yy

Instructions: Please check the box beside the statement or phrase that best applies to you.

SUIC12

1. **In the past 12 months**, have you ever thought about or attempted to kill yourself?

- 0. Never – **Please skip to question 4**
- 1. It was just a brief passing thought
- 2. I have had a plan at least once to kill myself but did not try to do it →
- 3. I have had a plan at least once to kill myself and really wanted to die →
- 4. I have attempted to kill myself, but did not want to die →
- 5. I have attempted to kill myself, and really hoped to die →

Did this occur in the
past 4 weeks?

0. No 1. Yes
SUIC124W

OFTN12

2. **In the past 12 months**, how often have you thought about killing yourself?

- 0. Never
- 1. Rarely (1 time)
- 2. Sometimes (2 times)
- 3. Often (3-4 times)
- 4. Very often (5 or more times)

TOLD12

3. **In the past 12-months**, have you ever told someone that you were going to commit suicide, or that you might do it?

- 1. No
- 2. Yes, at one time, but did not really want to die
- 3. Yes, at one time, and really wanted to die →
- 4. Yes, more than once, but did not want to do it →
- 5. Yes, more than once, and really wanted to do it →

Did this occur in the
past 4 weeks?

0. No 1. Yes
TOLD124W

LIKSUI

4. How likely is it that you will attempt suicide someday?

- 0. No chance at all
- 1. Rather unlikely
- 2. Unlikely
- 3. Likely
- 4. Rather likely
- 5. Very likely