

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 (SBQ) - Version: 04/16/2012 FORMV

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

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

PSUIC

1. **Prior to bariatric surgery**, have you ever thought about or attempted to kill yourself?

- 0. Never
- 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

SSUIC

2. **Since having bariatric surgery**, have you ever thought about or attempted to kill yourself?

- 0. Never – **Please skip to question 5**
- 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?

| |
|--|
| <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes |
| SSUIC4W |

SOFTEN

3. **Since having bariatric surgery**, 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)

STOLD

4. **Since having bariatric surgery**, 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?

| |
|--|
| <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes |
| STOLD4W |

LIKSUIC

5. 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