

Survey: asQ Suicide Risk Screening Tool

Description: Ask Suicide Screening Questions (asQ)

Instructions: Please answer the following questions:

Privacy level: Any staff member

1. In the past few weeks, have you wished you were dead? Yes | No
 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes | No
 3. In the past week, have you been having thoughts about killing yourself? Yes | No
 4. Have you ever tried to kill yourself? Yes | No
- If you answered yes to question 4, how and when?
5. If you answered yes to any of the first 4 questions above, are you having thoughts of killing yourself right now? Yes | No

asQ Suicide Risk Screening Toolkit : National Institute of Mental Health (NIMH)