

	In the Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	
Always Ask Question 6	In the Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	

Any YES must be taken seriously. Seek help from friends, family
If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency
Personnel for care or call 1-800-273-8255 or text 741741 or call 911



DON'T LEAVE THE PERSON ALONE
STAY ENGAGED UNTIL YOU MAKE A
WARM HAND OFF TO SOMEONE
WHO CAN HELP