ASQ

Ask Suicide-Screening Questions

Client Name: ______________________________

Identifier: ______________________________

ages 3-10

Date: ______________________________

Ask the patient:

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 yes, how?

____

____

When?

____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** Yes No

If yes, please describe: ____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen).*
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**

  "Yes" to question #5 = **acute positive screen** (imminent risk identified)
  - **Patient requires a STAT safety/full mental health evaluation.**
    Patient cannot leave until evaluated for safety.
  - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.

  "No" to question #5 = **non-acute positive screen** (potential risk identified)
  - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
  - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741