| **Ask questions that are in bold and underlined.**  | **Past** **month** |
| --- | --- |
| **Ask Questions 1 and 2**  | **YES** | **NO** |
| **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 of killing yourself?*** |  |  |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** |
| **3) *Have you been thinking about how you might do this?***e.g. “*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*” |  |  |
| **4) *Have you had these thoughts and had some intention of acting on them?***as opposed to “*I have the thoughts but I definitely will not do anything about 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?***  |  |  |
| **6) *Have you ever 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, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.**If YES, ask: *Was this within the past 3 months?***  | **Lifetime** |
|  |  |
| **Past 3 Months** |
|  |  |

**Possible Response Protocol to PM-SSRS Screening**

**Item 1** Screen Every Visit

**Item 2** Screen Every Visit

**Item 3** Referral PMVC Psychiatry consult

**Item 4** Referral PMVC Psychiatry consult and Safety Plan

**Item 5** Referral PMVC Psychiatry consult and Safety Plan

**Item 6** Dependent on answers 1-6

**Item 6** 3 months ago or less: Referral PMVC Psychiatry consult and Safety Plan