P4 Suicidality Screener *

Have you had thoughts of actually hurting yourself?

NO                                 YES

Four Screening Questions

1. Have you ever attempted to harm yourself in the past?
   NO           YES

2. Have you thought about how you might actually hurt yourself?
   NO           YES → [How? _________________]

3. There’s a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life some time over the next month?”
   a. Not at all likely _______
   b. Somewhat likely _______
   c. Very likely _______

4. Is there anything that would prevent or keep you from harming yourself?
   NO                                 YES → [What? _________________]

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Shaded (“Risk”) Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Items 1 and 2</td>
</tr>
<tr>
<td>Minimal</td>
<td>Neither is shaded</td>
</tr>
<tr>
<td>Lower</td>
<td>At least one item is shaded</td>
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<tr>
<td>Higher</td>
<td>At least one item is shaded</td>
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</tbody>
</table>

* P4 is a mnemonic for the 4 screening questions:
  → past history, plan, probability, preventive factors

Optional Clarifying Questions (if it is unclear if patient has a plan)  shaded response = risk

1. Do you live alone?  (No ___  Yes ___)

2. Have you thought about taking an overdose of medication, driving your car off the road, using a gun, or doing something else serious like this?  (No ___  Yes ___  → What is it? ______)

3. Do you own a gun?  (No ___  Yes ___)

4. Have you been stockpiling (saving up) medication?  (No ___  Yes ___)

5. Do you feel hopeless about the future?  (No ___  A little ___  Somewhat ___  Very ___)

6. Do you feel you can resist your impulses to harm yourself?  (No ___  Yes ___)

7. Right now, how strong is your wish to die?  (No wish _____  Weak _____  Strong ___)