



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? _____]

Risk Category	Shaded ("Risk") Response	
	Items 1 and 2	Items 3 and 4
Minimal	Neither is shaded	Neither is shaded
Lower	At least one item is shaded	Neither is shaded
Higher		At least one item is shaded



- * 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 _____**)