

**Dr Marti Fausold-Mowers  
Suicide Behaviors Questionnaire**

NAME

DATE of BIRTH

To Day's DATE

1. Have you ever thought about or attempted to kill yourself? (check one only)

- 1) Never
- 2) It was just a brief passing thought
- 3a) I have had a plan at least once to kill myself but did not try to do it
- 3b) I have had a plan at least once to kill myself and really wanted to die
- 4a) I have attempted to kill myself, but did not want to die
- 4b) I have attempted to kill myself, and really wanted to die

2. How often have you thought about killing yourself in the past year? (check only one)

- 1) Never
- 2) Rarely (1 time)
- 3) Sometimes (2 times)
- 4) Often (3-4 times)
- 5) Very often (5 or more times)

3. Have you ever told someone that you were going to commit suicide, or that you might do it? (check only one)

- 1) No
- 2a) Yes, at one time, but did not really want to die
- 2b) Yes, at one time, and really wanted to die
- 3a) Yes, more than once, but did not want to die
- 3b) Yes, more than once, and really wanted to die

4. How likely is it that you will attempt suicide someday? (check only one)

- 0) Never
- 1) No chance at all
- 2) Rather unlikely
- 3) Unlikely
- 4) Likely
- 5) Rather likely
- 6) Very likely