



Depressive Symptom Index — Suicidality Subscale

Instructions: on this questionnaire are groups of statements. Please read all of the statements in a given group. Pick out and circle the one statement in each group that describes you best for the past *two weeks*. If several statements in a group seem to apply to you, pick the one with the higher number.

Be sure to read all of the statements in each group before making your choice.

- (A) 0 I do not have thoughts of killing myself.
 1 Sometimes I have thoughts of killing myself.
 2 Most of the time I have thoughts of killing myself.
 3 I always have thoughts of killing myself.
- (B) 0 I am not having thoughts about suicide.
 1 I am having thoughts about suicide but have not formulated any plans.
 2 I am having thoughts about suicide and am considering possible ways of doing it.
 3 I am having thoughts about suicide and have formulated a definite plan.
- (C) 0 I am not having thoughts about suicide.
 1 I am having thoughts about suicide but have these thoughts completely under my control.
 2 I am having thoughts about suicide but have these thoughts somewhat under my control.
 3 I am having thoughts about suicide but have little or no control over these thoughts.
- (D) 0 I am not having impulses to kill myself.
 1 In some situations I have impulses to kill myself.
 2 In most situations I have impulses to kill myself.
 3 In all situations I have impulses to kill myself.

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Scoring: 3+ *Moderate risk, warrants further discussion and referral care*

8+ *High risk, consider inpatient*