~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

Suicidal Ideation Protocol Form

Instructions:

I. If one of the following two events occurs, then proceed in protocol:

1) Subject mentions any suicidal ideation at any point

OR

2) Subject answers question #I on PHQ -9 > 0 or #9 on PROMIS >1.

II. Proceed to Questions #1-2. (page 2)

III. Follow Instructions at bottom of pages

IV. Inform PC/PI and others as outlined in Protocol summary

V. Complete documentation

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

PART A: Characteristics of Attitudes towards Living/Dying

Interviewer: Using the key beneath each symptom, rate with the number that best describes that symptom's severity.

1. Can you tell me about your desire to live, your wish to live today? Is it moderate to strong? Weak? Or None?
   a1

   ☐ (0) Moderate to strong
   ☐ (1) Weak
   ☐ (2) None

2. Can you tell me about your wish to die? Is it moderate to strong? Weak? Or none?
   a2

   ☐ (0) None
   ☐ (1) Weak
   ☐ (2) Moderate to strong

SCORE A: _____
(sum of 1+2)

Interviewer:
If Score A ≤1, STOP
≥2, Complete Part B on next page

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

PART B:

3. Would you say today that your reasons for living outweigh your reasons for dying?
   a3

   ☐ (0) For living outweighing for dying
   ☐ (1) About equal
   ☐ (2) For dying outweigh for living

4. What is your current desire to make an active suicide attempt, to actively harm yourself, actively kill yourself? Is there a desire at all?
   a4

   ☐ (0) None
   ☐ (1) Weak
   ☐ (2) Moderate to strong

5. Today do you have any passive suicidal feelings? For instance, would you take precautions necessary to save your life? Would you take medicine to save your life? Would you drive safely to keep yourself alive?
   a5

   ☐ (0) Would take precautions to save life
   ☐ (1) Would leave life/death to chance (e.g. carelessly crossing a busy street)
   ☐ (2) Would avoid steps necessary to safe or maintain life (e.g. diabetic ceasing to take insulin)

SCORE B: _____
(sum of 3-5)

Interviewer: If Score B ≥ 3,
Complete Part C

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

Part C: Risk Factor Assessment

Record source of information after each item applicable in comment field. If the answer is unclear or you are unable to obtain the answer, mark as unknown and explain in comment field.

1. Previous suicide attempts *c1*
"Have you ever tried to take your life?"
(0) ☐ No (1) ☐ Yes ☐ Unknown

Comment *c1_comments*_____

2. Poor impulse control (Anger outbursts, gambling, etc.)
"When you are very angry, do you sometimes say or do things that you later regret? "
"Do you gamble?" *c2*
(0) ☐ No (1) ☐ Yes ☐ Unknown

Comment *c2_comments*_____

3. Alcohol/Substance Abuse or Dependence.
Is the patient (1) ☐ Male (2) ☐ Female *gender*
Ask the following 2 questions.

a How many drinks containing alcohol do you have in the past week? *c3_1*

0 ☐ 0 - 5 1☐ 5-6 2 ☐ 7-13 3☐ 14 or more

b. How often in the past week did you have six or more drinks on one occasion? *c3_2*

0 ☐ never 1☐ once 2☐ more than once

If male, a)= 3 and/or b≥1, then answer "yes" If female, a) ≥ 2 and/or b≥1, then answer "yes" *c3_a*

(0) ☐ No (1) ☐ Yes ☐ Unknown

Comment *c3_a_comments*_____

3b. Have you used any recreational drugs in the past week?

(0) ☐ No (1) ☐ Yes ☐ Unknown

Comment _____

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

4. Stressful life events
"Do you think that you have been under a lot of stress recently? Tell me about it."
(Ask about work, unemployment, acute major medical problems, significant recent loss) *c4*
(0) ☐ No (1) ☐ Yes ☐ Unknown

Comment *c4_comments*_____

_____

5. Good social support
"Is there someone available to you whom you can confide in? Who?" *c5_a*

(1) ☐ No (0) ☐ Yes ☐ Unknown

Comment *c5_a_comments*_____
_____

5b. "Is anyone with you right now? Who?" [For how long will they stay with you?] *c5_b*

(1) ☐ No (0) ☐ Yes ☐ Unknown

Comment *c5_b_comments*_____
_____

6. Access to means of self harm
a. "Do you have access to firearms or any other type of weapons?" *c6_a*
(0) ☐ No (1) ☐ Yes ☐ Unknown

b. "Have you been stockpiling (saving up) medications?" *c6_b*

(0) ☐ No (1) ☐ Yes ☐ Unknown

Comment *c6_b_comments*_____

7. Level of depressive Symptoms (=PHQ-9>15 or clinical impression) *c7*

(0)□ No (1) □Yes □Unknown

Comment *c7_comments*_____

Number of risk factors = SCORE C: _____

If Score C≥2, complete Part D

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

PART D: Characteristics of Suicide Ideation/Wish

1. How often do you have thoughts of suicide? Do they occur rarely, occasionally? Do the thoughts occur more frequently, that is intermittently? Are they brief, fleeting or almost continuous? *d1*

☐ (0) Rare, fleeting
☐ (1) Intermittent, longer periods
☐ (2) Persistent, almost continuous

Comment *d1_comments*_____

2. With regard to your suicidal thoughts, do you feel that you have control over those thoughts? Can you have the thoughts without doing anything to harm yourself? *d2*

☐ (0) Has sense of control
☐ (1) Unsure of control
☐ (2) Has no sense of control

Comment *d2_comments*_____

3. What are your attitudes toward suicide? Do you reject the notion of suicide, meaning that you feel that suicide is not a good option; it is not ok to do; it is wrong? *D3*

☐ (0) Rejection
☐ (1) Ambivalent/indifferent
☐ (2) Accepting

Comment *d3_comments*_____

4. Does thinking about anyone or anything prevent you from taking your own life? *d4*

☐ (0) Would not attempt suicide because of deterrent
☐ (1) Some concern about deterrent
☐ (2) Minimal or no concern about deterrents

Comment *d4_comments*_____

5. When you think about killing yourself, what are the main reasons? *d5*

☐ (0) To manipulate the environment, get attention, revenge
☐ (1) Combination of 0 and 2
☐ (2) Escape, solve problems

Comment *d5_comments*_____

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

6. Have you tied up loose ends because you anticipate killing yourself? For example, have you taken out an insurance policy or prepared a will? Have you started or finished writing a suicide note? *d6*

☐ (0) None
☐ (1) Started but not completed; only thought about it
☐ (2) Complete

Comment *d6_comments*_____

7. Sometimes people hesitate to talk about their suicidal thoughts, because I'll think they're crazy or I'll make them go to the hospital. Could this be going on with you? If you had thoughts about suicide, would you tell someone close to you? Or would you hesitate? *d7*

☐ (0) Revealed ideas openly
☐ (1) Held back on revealing
☐ (2) Attempted to deceive, conceal, lie

Comment *d7_comments*_____

Interviewer: If Score D≥4, Continue with Part E

~ *OT*~	Date Started							
	M	M	D	D	Y	Y	Y	Y

PART E: Characteristics of Contemplated Attempts

1. Have you worked out the way to carry out your thoughts of suicide? Do you have the chance right now? Do you think that you'll have the chance to kill yourself soon? e1

☐ (0) Method not available, no opportunity
☐ (1) Method would take time/effort; opportunity not readily available
☐ (2) Future opportunity or availability of method anticipated
☐ (3) Method and opportunity available

Comment *e1_comments*_____

2. Have you taken any steps to make it possible for you to take your own life? In other words, have you actually put your method into place? *e2*

☐ (0) None
☐ (1) Partial (e.g. starting to collect pills)
☐ (2) Complete (e.g. had pills, razor, loaded gun)

Comment *e2_comments*_____

3. Do you believe that you have the know-how, the ability, and the motivation to commit suicide? Do you know exactly what you'd have to do to cause your own death, and do you feel sure that you would not hesitate to harm yourself? *e3*

☐ (0) No courage, too weak, afraid, incompetent
☐ (1) Unsure of competence, courage
☐ (2) Sure of competence/courage

Comment *e3_comments*_____

4. Do you expect or anticipate at some point in the future that you will actually make a suicide attempt? Are you certain that you will make an attempt? *e4*

☐ (0) No
☐ (1) Uncertain, not sure
☐ (2) Yes

Comment *e4_comments*_____

SCORE E: _____

~ *OT*~	Date Started							
	M	M	D	D	Y	Y	Y	Y

PROTOCOL SUMMARY

ASSESSMENT	LEVEL	ACTION
Score A ≤ 2 or Score B ≤ 3 or Score C ≤ 1 OR Score C > 1 and Score D < 4 and Q4= 0	Low	1. Inform PC and/or PI 2. Complete pp 10-11
Score A ≥ 2 and Score B ≥ 3 and Score C ≥ 2 and Score D ≥ 4 and Score E < 3	Moderate	1. Contract for safety with patient & schedule call back within 2 hours 2. Inform PC and/or PI 3. Consult on-call Psychiatrist 4. Call back patient at scheduled time and discuss tx recommendations 5. Complete pp 10-11 6. Later complete p 12
Score A ≥ 2 and Score B ≥ 3 and Score C ≥ 2 and Score D ≥ 4 and Score E ≥ 3 and E Q4 = 0	High	1. Keep patient on phone 2. Contact on-call Psychiatrist ASAP 3. Discuss tx recommendations with patient 4. Inform PC and/or PI 5. Complete pp 10-11 6. Later complete p 12

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

Score A ≥ 2 and Score B ≥ 3 and Score C ≥ 2 and Score D ≥ 4 and Score E ≥ 3 or Part E: Q2 or Q4=2 ********** OR Patient is in the process of attempting suicide	Immediate	1. Keep patient on phone 2. Call 911 3. Follow instructions of 911 4. Inform PC and/or PI 5. Complete pp 10-11 6. Later complete p 12

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

Form 30 - Documentation

1. Was the on-call psychiatrist contacted? *psy_contacted*

☐ No ⇨ Why not *psy_why_not*_____

☐ Yes ⇨ Who __ *psy_who*_____Date *psy_date*_____ Time *psy_time*_____

How *psy_how*_____

2. Was the Project Coordinator/Principal Investigator contacted?

☐ Project Coordinator was contacted *pc_contacted*

Date *pc_date*_____ Time *pc_time* ___ How *pc_how* _____

☐ Principal Investigator was contacted *pi_contacted*

Date *pi_date*_____ Time *pi_time*_____ How *pi_how* _____

3. Was patient's PCP informed? *pcp_informed*

☐ Yes ⇨ Date *pcp_date*_____ Time *pcp_time*_____ How *pcp_how*_____

☐ No ⇨ Why not *pcp_why_not*_____

4. What were the recommendations made by PCP, Principal Investigator, and/or Psychiatrist?

Medication change	☐ PCP ☐ PI ☐ MHS *med_change_pcp med_change_pi med_change__mhs*	
Visit with PCP	☐ PCP ☐ PI ☐ MHS *visit_pcp visit_pi visit_mhs*	
Consult/referral to MHS	☐ PCP ☐ PI ☐ MHS *consult_pcpconsult_pi consult_mhs*	
Go to ER	☐ PCP ☐ PI ☐ MHS *er_pcp er_pi er_mhs*	
Inpatient hospitalization	☐ PCP ☐ PI ☐ MHS *inpatient_pcp inpatient_pi inpatient_mhs*	

Other *other* _____

☐ No recommendations made *no_recommendation*

~ *OT*~	**Date Started**							
	M	M	D	D	Y	Y	Y	Y

Short narrative *short_narrative*

~ OT~	Date Started							
	M	M	D	D	Y	Y	Y	Y

Follow-up Documentation (from day of s/i)

Describe 1-day follow-up (date: __/__/__) *days*

*description*_____

_____

_____

_____

_____

_____

Describe 3-day follow-up up (date: __/__/__)

_____

_____

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_____

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Describe 7-day follow-up up (date: __/__/__)

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_____

Describe 30-day follow-up up (date: __/__/__)

_____

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