

**Suicide Risk Assessment--Somali**



**Qiimaynta Khatarta Is dilka (qudha iska jarid)**

Patient Label

Magaca: \_\_\_\_\_

MRN: \_\_\_\_\_

Taariikhda: \_\_\_\_\_

Si looga caawiyo adeeg bixiyahaagu inuu fahmo sida aad dareemaysay, fadlan dhammaystir su'aalaha soo socda.

Fadlan ka jawaab su'aalahan ku saabsan sanadkiila soo dhaafay	HAA (Yes)	MAYA (No)
1. Muddada bishii la soo dhaafay, ma jeclayd inaad mayd ahaato ama ma jeclayd inaad seexato aanaad dib u soo toosin?		
2. Muddada bishii la soo dhaafay, dhab ahaan ma qabtay wax fikrado ah oo aad naftaada ku dilayso?		
3. Muddada bishii la soo dhaafay, ma ka fekraysay sida aad naftaada u dili lahayd?		
4. Muddada bishii la soo dhaafay, ma lahayd wax dareen doonid samaynta fikradahaas is dilka ah?		
5. Muddada bishii la soo dhaafay, ma ka shaqaysay qayb ama dhammaan faahfaahinta sida aad u dili lahayd naftaada?		
6. <u>Haddii HAA ilaa #5</u> , niyada ama ku haysaa inaad fuliso qorshahan?		
<p>7. Weliga ama samaysay shay kasta, ma bilowday samaynta shay kasta, ama ma diyaarisay inaad samayso shay kasta oo aad naftaada ku dilayso?</p> <p>Tusaalooyinka: Urursatay kiniin, heshay qori, aad bixisay waxyaabo qiime leh, aad qortay dardaraan ama warqadda is dilka, aad soo saartay kiniin laakiin aanad liqin waxna, aad isku qabatay qori laakiin aad beddeshay niyadaada ama laga dhufatay gacantaada, aad tagtay saqafka guriga laakiin aanad ka soo boodin; ama dhab ahaan aad qaadatay kiniin, isku dayday inaad toogato naftaada, aad wax ku jarto naftaada, isku dayday inaad naftaada deldesho, iwm</p>		
<p>8. <u>Haddii HAA ilaa #7</u>, intee ka hor ayaad samaysay wax ka mid ah kuwan?</p> <p><input type="checkbox"/> ilaa hal sano</p> <p><input type="checkbox"/> Inta u dhexaysa saddex bilood iyo sanad ka hor?</p> <p><input type="checkbox"/> Gudaha saddexdii bilood ee u dambaysay?</p>		

## Suicide Risk Assessment



Patient Label
Name: _____
MRN: _____
Date: _____

To help your provider understand how you've been feeling, please complete the following questions.

Please answer these questions about the past month.	YES	NO
1. During the past month, have you wished you were dead or wished you could go to sleep and not wake up?		
2. During the past month, have you actually had any thoughts of killing yourself?		
3. During the past month, have you been thinking about how you might kill yourself?		
4. During the past month, have you had some intention of acting on those suicidal thoughts?		
5. During the past month, have you worked out some or all of the details of how to kill yourself?		
6. <u>If YES to #5</u> , do you intend to carry out this plan?		
7. Have you ever done anything, started to do anything, or prepared to do anything to end your life?  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
8. <u>If YES to #7</u> , how long ago did you do any of these?  <input type="checkbox"/> Over a year ago? <input type="checkbox"/> Between three months and a year ago? <input type="checkbox"/> Within the last three months?		