

Suicide Risk Assessment--Tigrinya

ናይ ርእሰ-ቕትለት ስግኣተ-ሓደጋ ገምጋም



Patient Label

ስም: _____

MRN: _____

ዕለት: _____

ናይ ሕክምና ኣቕራቢኻ እንታይ ይስመዓካ ከምዝነበረ መታን ክርዳእ፣ ብኸብረትካ እዞም ዝስዕቡ ሕቶታት መልስ።

ብኸብረትካ ብዛዕባ እቲ ዝሓለፈ ወርሒ እዞም ሕቶታት መልስ።	እወ (Yes)	ኣይቓል (No)
1. ኣብቲ ዝሓለፈ ወርሒ፣ እንተዝመውት ምሓሸኒ ወይከአ ምስደቀስኩ ብኡ ጌሩ ሞት እንደዝወሰደኒ ኢልካ ሓሲብካዶ ትፈልጥ?		
2. ኣብቲ ዝሓለፈ ወርሒ፣ ብጭቡጥ ንገዛእ-ርእስኻ ናይ ምቕታል ሓሳባት መጽዮምኻዶ ይፈልጡ?		
3. ኣብቲ ዝሓለፈ ወርሒ፣ ንገዛእ-ርእስኻ ከመይ ክትቀትል ከምዘለካ ሓሲብካዶ ትፈልጥ?		
4. ኣብቲ ዝሓለፈ ወርሒ፣ እዞም ናይ ርእሰ-ቕትለት ሓሳባት ኣብ ግብሪ ከተውዕሎም ሓሲብካዶ ትፈልጥ?		
5. ኣብቲ ዝሓለፈ ወርሒ፣ ገለ ካብቶም ንገዛእ-ርእስኻ እትቐትሎም ሜላታት ወይከአ ኩሎም ፈቲንካዶ ትፈልጥ?		
6. ናይ ሕቶ #5 መልስኻ እወ እንተኾይኑ፣ እዚ መደብ ክትፍጽምዶ ትፍትን?		
7. ህይወትካ ንክተጥፍእ ገለ ነገር ጌርካ፣ ገለነገር ጀሚርካ፣ ወይከአ ገለነገር ክትገብር ተዳሊኻዶ ትፈልጥ? ንኡብነት፣ ከንፍታት ኣኪብካ፣ ሸጉጥ ወሲድካ፣ ክቡር ንብረት ንኻልእ ሰብ ሂብካ፣ ናይ ኑዛዜ ወይከአ ናይ ርእሰ-ቕትለት ጽሑፍ ጽሒፍካ፣ ክንን ኣዳሊኻ ግን ኣይወሓጥካዮን፣ ሸጉጥ ኣቀባቢልካ ግን ሓሳብካ ቀይርካ ወይከአ ካብ ኢድካ ተመንዚዕኻ፣ ናብ ናሕሲ ደይብካ ግን ኣይዘለልካን፣ ወይድማ ብጭቡጥ ከንፍታት ወሲድካ፣ ንገዛእ-ርእስኻ ብጥይት ክትቀትል ፈቲንካ፣ ኣካላትካ ጠቢሕኻ፣ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ክትሕነቕ ፈቲንካ፣ ወዘተ።		
8. ናይ ሕቶ #7 መልስኻ እወ እንተኾይኑ፣ ገለ ካብዞም ነገራት ካብ ትገብር ክንደይ ኮይኑካ? <input type="checkbox"/> ልዕሊ ቅድሚ ሓደ ዓመት? <input type="checkbox"/> ኣብ መንጎ ሰለስተ ኣዋርሕን ቅድሚ ሓደ ዓመትን? <input type="checkbox"/> ኣብተን ዝሓለፉ ሰለስተ ኣዋርሕን?		

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?		