

自杀风险评估

Patient Label

Name: _____

MRN: _____

Date: _____

为帮助您的医疗提供者了解您的感受，请填写以下问题。

请针对过去一个月的情况回答以下问题。	是 (YES)	否 (NO)
1. 在过去的一个月內，您是否曾希望自己死了或希望自己进入睡眠状态后永远不再醒来？		
2. 在过去一个月內，您是否确实有过任何自杀念头？		
3. 在过去一个月內，您是否一直在想应该如何自杀？		
4. 在过去一个月內，您是否有实行这些自杀念头的一些倾向？		
5. 在过去一个月內，您是否曾规划出自杀的部分或全部细节？		
6. <u>如果第 5 题的回答为“是”</u> ，您是否打算实行这个计划？		
7. 您是否曾做过、开始做或准备做任何事情来结束您的生命？ 例子：收集药丸，获得枪支，送出贵重物品，写下遗嘱或自杀遗书，拿出药丸但没有吞下，手持枪械但改变了主意或枪械从手中被夺走，到了屋顶但是没有跳；或真的吞下药丸，试着开枪射击自己，割伤自己，试图上吊等。		
8. <u>如果第 7 题的答案为“是”</u> ，你是在多久以前做的这些事？ <input type="checkbox"/> 一年前？ <input type="checkbox"/> 三个月到一年之间？ <input type="checkbox"/> 过去三个月之内？		

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?		