

Participant ID: _____
Evaluator: _____

Date: _____
Appointment: _____

DSI-SS

INSTRUCTIONS: 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.*

1. ① 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.

2. ① 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.

3. ① 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.

4. ① 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.

Staff Initials/Date: