



ASK SUICIDE SCREENING QUESTIONS (ASQ)

1. In the past few weeks, have you wished that you were dead?

Yes

No

2. In the past few weeks, have you felt that you or your family would be better off without you if you were dead?

Yes

No

3. In the past few weeks, have you been having thoughts about killing yourself?

Yes

No

4. Have you ever tried to kill yourself?

Yes

No

If yes, how?

When?

If the student answers yes to any of the above questions, ask the following question:

5. Are you having thoughts of killing yourself right now?

Yes

No

Screener Only: If the answer to Question #5 is “Yes,” please refer for a formal Suicide Assessment. (Please note even if the student answers “No” to Question #5, and the screener, though engagement of the student, suspects the student may be suicidal, refer for a formal Suicide Assessment).

1. Referred for a Suicide Assessment?

_____ Yes

_____ No

2. Community Resource Requested/Referred to do the Suicide Assessment (i.e., state of Nevada’s Mobile Crisis Response Team, West Hills Hospital’s Mobile Crisis Team) :

3. Date and Time of Request/Referral:

Name of Screener

School

Date Screened