
IF DP15B=5, SKIP TO SU1A

Now I am going to ask you some (further) questions about suicide.

SU1 Have you ever thought about killing yourself? SU1
NO..... (SKIP TO SU2) 1
YES 5

A. (Earlier you told me that you'd thought about taking SU1a
your own life) Did those thoughts persist for at least 7
days in a row? NO..... 1
YES 5

IF DP15C=5, SKIP TO SU1C

B. Did you have a plan? SU1b
(Did you actually consider a way to take your life?) NO..... (SKIP TO D) 1
YES 5

C. (Earlier you told me you had a plan for taking your
own life) What were you going to do?

SPECIFY: _____

SU1c

D. How old were you the (very first/last) time you had
these thoughts about taking your own life?

AGE ONS: ____/____ SU_ao1

AGE REC: ____/____ SU_ar1

REC: 1 5 SU_r1

IF DP15D=5, SKIP TO SU2A

SU2 Have you ever tried to kill yourself? SU2
NO (SKIP TO SU12) 1
YES 5

A. (Earlier you said that you'd tried to kill yourself) How _____ TIMES SU2a
many times (did you try to kill yourself)?

B. How old were you the (very first/last) time (you tried to
kill yourself)?

AGE ONS: ____/____ SU_ao2
ONS: 1 5 SU_o2

AGE REC: ____/____ SU_ar2
REC: 1 5 SU_r2

SU3. How did you try to kill yourself?

CODE: _____ SU3

**IF MORE THAN 1, ASK ABOUT THE MOST SERIOUS
ATTEMPT. CODE SILENTLY: TYPE OF METHOD
INTENDED.**

1. Fire gun.
2. Crash car.
3. Carbon monoxide poisoning.
4. Cut wrists or stab self.
5. Take pills.
6. Jump from height.
7. Jump in front of train/car/vehicle.
8. Strangulation, choking, suffocation, hanging, drowning.
9. Other or combination.

SU3A. How close did you come to killing yourself?	CODE: ____ SU3a
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CODE SILENTLY: DEGREE OF COMPLETION

2. Put self in vicinity (e.g., brought gun/pills into room, walked into train station).
3. Stopped short of completing act (held gun/pills, stood on edge of platform, sat in car).
4. Attempted act (jumped, pulled trigger, swallowed pills).

B. Did you really want to die?	SU3b NO.....1 YES.....5
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C. CODE SILENTLY: INTENT.

1. Unclear (no information or not sure)
2. Denies intent
3. Reports minimal intent
4. Reports significant intent with some ambivalence
5. Very severe/extreme intent to die

D. Afterwards, were you sorry that you didn't die?	SU3d NO.....1 YES.....5
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SU4 How old were you then?	AGE: ____ ____ SU4
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SU5 Did you require medical treatment after you tried to kill yourself?	SU5 NO.....(SKIP TO SU6A).....1 YES5
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SU6 Were you admitted to a hospital after the attempt (for medical reasons)?	SU6 NO.....1 YES5
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A. Were you admitted to a hospital after the attempt for psychiatric reasons?	SU6a NO.....1 YES5
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B. Did you see a doctor or counselor because you (thought about killing yourself/made a plan to kill yourself/tried to kill yourself)?	SU6b NO.....1 YES5
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SU8 Did you think you would die from what you had done?	SU8 NO.....1 MAYBE3 YES5
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SU9 Did you try to kill yourself:	<u>NO</u>	<u>YES</u>	
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1. While feeling depressed?	1	5	SU9_1
2. While feeling extremely good or high?	1	5	SU9_2
3. After you had been drinking?	1	5	SU9_3
4. After using drugs?.....	1	5	SU9_4
5. While having strange thoughts or experiences, or while seeing visions?.	1	5	SU9_5
6. Under other circumstances.....	1	5	SU9_6

SU12 (Other than when you tried to take your own life,) did you ever hurt yourself on purpose, for example, by cutting or burning yourself?

- A. How many times?
- B. How old were you the (first/last) time?

SU12
NO..... (SKIP TO PS1)..... 1
YES 5

____ TIMES SU12a

AGE ONS: ____/____ SU_ao12
ONS: 1 5 SU_o12

AGE REC: ____/____ SU_ar12
REC: 1 5 SU_r12