**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. ⓪ I do not have thoughts of killing myself.

* Sometimes I have thoughts of killing myself.
* Most of the time I have thoughts of killing myself.
* I always have thoughts of killing myself.

1. ⓪ I am not having thoughts about suicide.

* I am having thoughts about suicide but have not formulated any plans.
* I am having thoughts about suicide and am considering possible ways of doing it.
* I am having thoughts about suicide and have formulated a definite plan.

1. ⓪ I am not having thoughts about suicide.

* I am having thoughts about suicide but have these thoughts completely under my control.
* I am having thoughts about suicide but have these thoughts somewhat under my control.
* I am having thoughts about suicide but have little or no control over these thoughts.

1. ⓪ I am not having impulses to kill myself.

* In some situations I have impulses to kill myself.
* In most situations I have impulses to kill myself.
* In all situations I have impulses to kill myself.

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| Staff Initials/Date: |