Suicidal Ideation Protocol Form

Instructions:

I. If one of the following two events occur, then proceed in protocol:

1) Subject mentions any suicidal ideation at any point
   
   OR
   
2) Subject answers question #1 on PHQ-9 > 0.

II. Proceed to SSI questions #1-2. (page 2)

III. Follow Instructions at bottom of pages

IV. Inform PC/PI and others as outlined in Protocol summary (page 14)

V. Complete documentation (pages 9-13)
A: SSI®

Instructions: I will ask you some questions now about your thoughts on life and death. These questions refer to how you feel today.

Interviewer: Using the key beneath each symptom, rate with the number that best describes that symptom’s severity.

Characteristics of Attitudes towards Living/Dying

1. Can you tell me about your desire to live, your wish to live today? Is it moderate to strong? Weak? Or None?
   - (0) Moderate to strong
   - (1) Weak
   - (2) None

2. Can you tell me about your wish to die? Is it moderate to strong? Weak? Or None?
   - (0) None
   - (1) Weak
   - (2) Moderate to strong

SCORE A: _________
(sum of 1+2)

Interviewer: If Score A:

≤1  Stop
≥2, Complete questions #3-5 on next page
3. Would you say today that your reasons for living outweigh your reasons for dying?

☐ (0) For living outweighing for dying
☐ (1) About equal
☐ (2) For dying outweigh for living

4. What is your current desire to make an active suicide attempt, to actively harm yourself, actively kill yourself? Is there a desire at all?

☐ (0) None
☐ (1) Weak
☐ (2) Moderate to strong

5. Today do you have any passive suicidal feelings? For instance, would you take precautions necessary to save your life? Would you take medicine to save your life? Would you drive safely to keep yourself alive?

☐ (0) Would take precautions to save life
☐ (1) Would leave life/death to chance (e.g. carelessly crossing a busy street)
☐ (2) Would avoid steps necessary to safe or maintain life (e.g. diabetic ceasing to take insulin)

SCORE B: ________
(sum of 3-5)

Interviewer: If Score B
≤2 Complete Risk Factor Assessment (page 7)
≥3 Proceed to next page
SSI© (Part III)

Characteristics of Suicide Ideation/Wish

6. Do you have thoughts of suicide for brief, fleeting periods?

☐ (0) Brief, fleeting periods
☐ (1) Longer periods
☐ (2) Continuous (chronic) or almost continuous

7. How often do you have thoughts of suicide? Do they occur rarely, occasionally? Do the thoughts occur more frequently, that is intermittently? Do you have the thoughts all the time or most of the time?

☐ (0) Rare, occasional
☐ (1) Intermittent
☐ (2) Persistent or continuous

8. What are your attitudes toward suicide? Do you reject the notion of suicide, meaning that you feel that suicide is not a good option; it is not ok to do; it is wrong?

☐ (0) Rejection
☐ (1) Ambivalent/indifferent
☐ (2) Accepting

9. With regard to your suicidal thoughts, do you feel that you have control over those thoughts? Can you have the thoughts without doing anything to harm yourself?

☐ (0) Has sense of control
☐ (1) Unsure of control
☐ (2) Has no sense of control

10. Does thinking about anyone or anything prevent you from taking your own life?

☐ (0) Would not attempt suicide because of deterrent
☐ (1) Some concern about deterrent
☐ (2) Minimal or no concern about deterrents

11. When you think about killing yourself, what are the main reasons?

☐ (0) To manipulate the environment, get attention, revenge
☐ (1) Combination of 0 and 2
☐ (2) Escape, surcease, solve problems
12. Have you thought of ways to kill yourself?

☐ (0) Not considered
☐ (1) Considered, but details not worked out
☐ (2) Details worked out/well formulated

**Characteristics of Contemplated Attempts**

13. Have you worked out the way to carry out your thoughts of suicide? Do you have the chance right now? Do you think that you’ll have the chance to kill yourself soon?

☐ (0) Method not available, no opportunity
☐ (1) Method would take time/effort; opportunity not readily available
☐ (2) Method and opportunity available
☐ (3) Future opportunity or availability of method anticipated

14. Do you believe that you have the know-how, the ability, and the motivation to commit suicide? DO you know exactly what you’d have to do to cause your own death, and do you feel sure that you would not hesitate to harm yourself?

☐ (0) No courage, too weak, afraid, incompetent
☐ (1) Unsure of competence, courage
☐ (2) Sure of competence/courage

15. Do you expect or anticipate at some point in the future that you will actually make a suicide attempt? Are you certain that you will not make an attempt?

☐ (0) No
☐ (1) Uncertain, not sure
☐ (2) Yes
Actualization of Contemplated Attempt

16. Have you taken any steps to make it possible for you to take your own life? In outer words, have you actually put your method into place?

☐ (0) None
☐ (1) Partial (e.g. starting to collect pills)
☐ (2) Complete (e.g. had pills, razor, loaded gun)

17. Have you started or finished writing a suicide note?

☐ (0) None
☐ (1) Started but not completed; only thought about it
☐ (2) Complete

18. Have you tied up loose ends because you anticipate killing yourself? For example, have you taken out an insurance policy or prepared a will?

☐ (0) None
☐ (1) Thought about or made some arrangements
☐ (2) Made definite plans or completed arrangements

19. Sometimes people hesitate to talk about their suicidal thoughts, because I’ll think they’re crazy or I’ll make them go to the hospital. Could this be going on with you? If you had thoughts about suicide, would you tell someone close to you? Or would you hesitate?

☐ (0) Revealed ideas openly
☐ (1) Held back on revealing
☐ (2) Attempted to deceive, conceal, lie

*Interviewer: Proceed to Risk Factor Assessment (page 7).*
B: Risk Factor Assessment

Interviewer: Please mark the items that you can identify according to the level of information available (e.g., patient report, study questionnaires, EpicCare). Record source of information after each item applicable in comment field. If the answer is unclear or you are unable to obtain the answer, mark as unknown and explain in comment field.

1. Previous suicide attempts
   “Have you ever tried to take your life?”
   (0) ☐ No □ Yes ☐ Unknown
   Comment ________________________________

2. Level of moderate depressive symptoms (e.g., PHQ > 15 or clinical impression)
   (0) ☐ No □ Yes ☐ Unknown
   Comment ________________________________

3. Alcohol/Substance Abuse or Dependence
   Ask the following 3 questions. If sum of a, b, and c ≥ 3, then answer “yes” on below.
   a. How often do you have a drink containing alcohol?
      0 ☐ Never        1 ☐ Monthly or less  2 ☐ 2-3 times a month
      3 ☐ 2-3 times a week  4 ☐ 4 or more times a week
   b. How many drinks containing alcohol do you have on a typical day when you are drinking?
      0 ☐ 1 or 2        1 ☐ 3 or 4        2 ☐ 5 or 6
      3 ☐ 7 to 9        4 ☐ 10 or more
   c. How often do you have six or more drinks on one occasion?
      0 ☐ never        1 ☐ Less than monthly  2 ☐ Monthly
      3 ☐ weekly       4 ☐ daily or almost daily
      (0) ☐ No □ Yes □ Unknown
      Comment ________________________________

4. Stressful life events
   “Do you think that you have been under a lot of stress recently? Tell me about it.”
   (0) ☐ No □ Yes □ Unknown
   Comment ________________________________
5. Psychosis or Mania or Panic Attacks
   “Have you ever been diagnosed with another mental health condition?
   Did you ever have panic or anxiety attacks?”
   (0) □ No      (1) □ Yes      □ Unknown
   Comment __________________________________________________

6. Good social support (No known neighbor/friend identified by patient to be supportive)
   “Is there someone available to you whom you can confide in? Who?”
   (1) □ No      (0) □ Yes      □ Unknown
   Comment __________________________________________________

6b. “Is anyone with you right now? Who?” [For how long will they stay with you?]
   (1) □ No      (0) □ Yes      □ Unknown
   Comment __________________________________________________

7. Poor impulse control (Anger outbursts, gambling, etc.)
   “When you are very angry, do you sometimes say or do things that you later regret? Do you gamble?”
   (0) □ No      (1) □ Yes      □ Unknown
   Comment __________________________________________________

8. Access to weapon(s)
   “Do you have access to firearms or any other type of weapons?”
   (0) □ No      (1) □ Yes      □ Unknown
   Comment __________________________________________________

   Number of risk factors = SCORE C: _________

Interviewer:
A. If Score C <2, then go to B.
   If Score C ≥2, complete pages 4-6 (if not already done so), then go to B.
B. Proceed to Protocol summary (page 13)
C: Documentation

1. Was the Psychiatrist on-call contacted?
   □ No  ➞ Why not ___________________________________
   □ Yes ➞ Who ___________ Date ___________  Time ___________  How______________________________

2. Was the Project Coordinator/Principal Investigator contacted?
   □ No, neither
   □ Project Coordinator was contacted
      Date ___________  Time ___________  How______________________________
   □ Principal Investigator was contacted
      Date ___________  Time ___________  How______________________________

3. Was patient’s PCP contacted?
   PCP Name: _______________________________________
   □ Yes  ➞ Date ___________  Time ___________  How______________________________
   □ No  ➞ Why not ______________________________________________________

4. Did the PCP respond?
   □ Yes  When did PCP respond?  Date ___________  Time ___________
   □ No  Were further attempts made to contact the PCP?
      Date ___________  Time ___________  How______________________________
      Date ___________  Time ___________  How______________________________
5. Did study physician contact PCP?

☐ Yes  ➜  Date _____________  Time _____________
How________________________________________________________

☐ No

6. What were the recommendations made by PCP, Principal Investigator, and/or Mental Health Specialist?

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>PCP</th>
<th>PI</th>
<th>MHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication change</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Visit with PCP</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Consult/referral to MHS</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Go to ER</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Inpatient hospitalization</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ No recommendations made

Short narrative
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
<table>
<thead>
<tr>
<th>BTB SI Protocol</th>
<th>Date completed</th>
<th>Data collector</th>
<th>Subject ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M M D D Y Y Y Y</td>
<td># #</td>
<td># # # # # # # # #</td>
</tr>
</tbody>
</table>

**Follow-up Documentation (from day of s/i)**

Describe 1-day follow-up (date: __/__/__)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe 3-day follow-up up (date: __/__/__)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe 7-day follow-up up (date: __/__/__)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe 30-day follow-up up (date: __/__/__)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
# PROTOCOL SUMMARY

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>LEVEL</th>
<th>ACTION</th>
</tr>
</thead>
</table>
| Score A ≥ 2 (page 2) | Low | 1. Inform PC and/or PI  
2. Complete pp 9-10 |
| Score B ≤ 1 (page 3) | Moderate | 1. Contract for safety with patient  
2. Inform PC and/or PI  
3. Consult on-call Psychiatrist  
4. Inform PCP  
5. Complete pp 9-10  
6. Later complete pp 11-12 |
| Score C ≤ 1 (page 8) | | |
| Score A ≥ 2 (page 2) | Moderate | 1. Contract for safety with patient  
2. Inform PC and/or PI  
3. Consult on-call Psychiatrist  
4. Inform PCP  
5. Complete pp 9-10  
6. Later complete pp 11-12 |
| Score B ≥ 2 (page 3) | | |
| Score C ≥ 2 (page 8) | | |
| OR Patient is in the process of attempting suicide | High | 1. Keep patient on phone  
2. Contact on-call Psychiatrist ASAP or call 911  
3. Inform PC and PI  
4. Inform PCP  
5. Complete pp 9-10  
6. Later complete pp 11-12 |

**Score A** (SSI, p 2): ______________

**Score B** (SSI, part II, p 3): ______________

**Score C** (Risk Factor Assessment, p 8): ______________