

Name \_\_\_\_\_

Date \_\_\_\_\_

Depressive Symptom Index – Suicidality Subscale

**Instructions: On this questionnaire are groups of statements. 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.**

- A) 0 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.
- B) 0 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.
- C) 0 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.
- D) 0 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.