

## SBQ-R Suicide Behaviors Questionnaire-Revised

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

**Instructions:** Please check the number beside the statement or phrase that best applies to you.

**1. Have you ever thought about or attempted to kill yourself?** (check one only)

- 1. Never
- 2. It was just a brief passing thought
- 3a. I have had a plan at least once to kill myself but did not try to do it
- 3b. I have had a plan at least once to kill myself and really wanted to die
- 4a. I have attempted to kill myself, but did not want to die
- 4b. I have attempted to kill myself, and really hoped to die

**2. How often have you thought about killing yourself in the past year?** (check one only)

- 1. Never
- 2. Rarely (1 time)
- 3. Sometimes (2 times)
- 4. Often (3-4 times)
- 5. Very Often (5 or more times)

**3. Have you ever told someone that you were going to commit suicide, or that you might do it?** (check one only)

- 1. No
- 2a. Yes, at one time, but did not really want to die
- 2b. Yes, at one time, and really wanted to die
- 3a. Yes, more than once, but did not want to do it
- 3b. Yes, more than once, and really wanted to do it

**4. How likely is it that you will attempt suicide someday?** (check one only)

- 0. Never
- 1. No chance at all
- 2. Rather unlikely
- 3. Unlikely
- 4. Likely
- 5. Rather likely
- 6. Very likely