

Module 1: SCI-SF

Please rate how much each of the following applies to you by writing the appropriate number on the line following each question. Follow the scale below:

- 0 – Not at all
- 1 – A little
- 2 – Somewhat
- 3 – Quite a bit
- 4 – Extremely

In the past couple of days, when you felt your worst...

- 1. Did you become afraid that you would die? _____
- 2. Did you think something, like a heart attack or accident, would suddenly kill you? _____
- 3. Did you feel your thoughts are confused? _____
- 4. Did you feel there is no exit? _____
- 5. Did you feel that your head could explode from too many thoughts? _____
- 6. Did you feel bothered by thoughts that did not make sense? _____
- 7. Did you feel trapped? _____
- 8. Did you feel like you were getting a headache from too many thoughts in your head? _____

Module 2: SOQ-SF

Please rate your general opinion on the following statements about suicide by writing the appropriate number on the line following each question. Follow the scale below:

- 0 – Strongly Disagree
- 1 – Disagree
- 2 – Undecided
- 3 – Agree
- 4 – Strongly Agree

- 1. The method used in a given suicide probably reflects whether the action was impulsive or carefully and rationally planned. _____
- 2. Most people who commit suicide do not believe in an afterlife. _____
- 3. In general, suicide is an evil act. _____
- 4. Sometimes suicide is the only escape from life's problems. _____
- 5. A suicide attempt is essentially a "cry for help". _____
- 6. Usually, relatives of a suicide victim had no idea of what was about to happen. _____
- 7. Long-term self-destructive behaviors, such as alcoholism, may represent unconscious suicide attempts. _____
- 8. Suicide occurs only in civilized societies. _____

How long did it take you to complete this page? (Please check one)

Less than 1 minute: _____ 1-2 minutes: _____ 2-5 minutes: _____ More than 5 minutes: _____

MARIS
Part 2: Clinician Assessment

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Module 3: SCARS

1. Previous suicide attempt (action taken with at least some intent to die as a result of that action)?
Yes / No
2. Previous attempt by hanging, asphyxiation (e.g., carbon monoxide), or firearm? Yes / No
3. Alcohol or drug abuse? Yes / No
4. Recent relapse or escalation in drug/alcohol use? Yes / No
5. Indicates intent to end own life at some point? Yes / No
6. Age 19-45? Yes / No
7. Able to think rationally? Yes / No

Module 4: TRQ-SF

Rate how much each of the following is true regarding how you felt with/about this patient.

1. S/he made me feel good about myself.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

2. I liked him/her very much.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

3. I felt like my hands were tied or that I was put in an impossible bind.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

4. I felt dismissed or devalued.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

5. I felt guilty about my feelings toward him/her.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

6. I thought life really might not be worth living for him/her.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

7. This patient gave me chills.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

8. I had to force myself to connect with him/her.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

9. I feel confident in my ability to help him/her.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely

10. We trust one another.

0: not at all 1: a little 2: somewhat 3: quite a bit 4: extremely