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: _____
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