

Suicide Assessment Quiz

Print this quiz. Read each statement carefully, then place a checkmark under "Yes" if you agree with the statement or "No" if you don't agree with the statement.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has a loved one ever said they felt so bad that they thought they would like to go to sleep and never wake up? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has a loved one ever said they felt so bad that they thought they would be better off dead? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has a loved one ever said that they were a burden on your family and friends or that your family and friends would be better off without them? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a family member or close friend ever died by suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you notice a loved one has been drinking more alcohol (or using more drugs) than usual or taking chances that they might not have taken before? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has a loved one ever thought about hurting or killing themselves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has a loved one ever tried to hurt or kill themselves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does a loved one ever hear voices telling them to hurt or kill themselves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a loved one ever tried to hurt or kill themselves? | <input type="checkbox"/> | <input type="checkbox"/> |

This assessment quiz is used to find out whether a person is at risk for a suicide attempt. If you had more "yes" than "no" responses in the columns above, help is available.

**Contact the National Suicide Prevention Lifeline at
1-800-273-8255 or go to a hospital.**

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