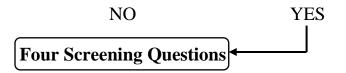
P4 Suicidality Screener *

Have you had thoughts of actually hurting yourself?



1. Have you ever attempted to harm yourself in the past?

NO	YES
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2. Have you thought about how you might actually hurt yourself?

NO	YES \rightarrow [How?]
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3. There's a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life some time over the next month?"

a.	Not at all likely	
b.	Somewhat likely	
c.	Very likely	

4. Is there anything that would prevent or keep you from harming yourself?

NO YES \rightarrow [What? ____]

Risk Category	Shaded ("Risk") Response		
	Items 1 and 2	Items 3 and 4	
Minimal	Neither is shaded	Neither is shaded	
Lower	At least one item is shaded	Neither is shaded	
Higher		At least one item is shaded	

Reprinted with permission from: Dube P, Kroenke K, Bair MJ, Theobald D, Williams LS. The p4 screener: evaluation of a brief measure for assessing potential suicide risk in 2 randomized effectiveness trials of primary care and oncology patients. Prim Care Companion J Clin Psychiatry. 2010;12(6):PCC. 10m00978.

* P4 is a mnemonic for the 4 screening questions:

 \rightarrow past history, plan, probability, preventive factors

<u>0</u>	ptional Clarifying Questions (if it is unclear if patient has a plan) shaded response = risk
1.	Do you live alone? (No Yes)
2.	Have you thought about taking an overdose of medication, driving your car off the road, using a gun, or doing something else serious like this? (No Yes \rightarrow What is it?)
3.	Do you own a gun? (No Yes)
4.	Have you been stockpiling (saving up) medication? (No Yes)
5.	Do you feel hopeless about the future? (No A little Somewhat Very)
6.	Do you feel you can resist your impulses to harm yourself? (No Yes)
7.	Right now, how strong is your wish to die? (No wish Weak Strong)