

BRIEF SAFETY SCREEN

	YES	NO	
1. In the past few weeks, have you wished you were dead or wish that you could go to sleep and not wake up?	<input type="checkbox"/>	<input type="checkbox"/>	
2. In the past few weeks, have you felt that either you or your family would be better off if you were dead?	<input type="checkbox"/>	<input type="checkbox"/>	
3. In the past few weeks, have you been having thoughts about killing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	
4. In the past few weeks, have you experienced any of the following feelings? (Please check all that apply)			
Hopeless <input type="checkbox"/>	Trapped <input type="checkbox"/>	Impulsive <input type="checkbox"/>	Helpless <input type="checkbox"/>
Worthless <input type="checkbox"/>	Alone/ Lonely <input type="checkbox"/>	Agitated <input type="checkbox"/>	A burden to others <input type="checkbox"/>

NATIONAL SUICIDE PREVENTION LIFELINE: 1-800-273-8255