



## P4 Suicidality Screener \*

**Have you had thoughts of actually hurting yourself?**

NO

YES

**Four Screening Questions**

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

NO

**YES**

**2. Have you thought about how you might actually hurt yourself?**

NO

**YES** → [How? \_\_\_\_\_]

**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** → [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



- \* P4 is a mnemonic for the 4 screening questions:  
→ *past* history, *plan*, *probability*, *preventive* factors

**Optional 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 \_\_\_** → 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 \_\_\_**)