

DSI-SS

Instructions: on this questionnaire are groups of statements. Please read all of the statements in a given group. Pick out and circle the one statement in each group that describes you best for the past *two weeks*. If several statements in a group seem to apply to you, pick the one with the higher number. *Be sure to read all of the statements in each group before making your choice.*

- 1) 0 I do not have thoughts of killing myself.
 1 Sometimes I have thoughts of killing myself.
 2 Most of the time I have thoughts of killing myself.
 3 I always have thoughts of killing myself.

- 2) 0 I am not having thoughts about suicide.
 1 I am having thoughts about suicide but have not formulated any plans.
 2 I am having thoughts about suicide and am considering possible ways of doing it.
 3 I am having thoughts about suicide and have formulated a definite plan.

- 3) 0 I am not having thoughts about suicide.
 1 I am having thoughts about suicide but have these thoughts completely under my control.
 2 I am having thoughts about suicide but have these thoughts somewhat under my control.
 3 I am having thoughts about suicide but have little or no control over these thoughts.

- 4) 0 I am not having impulses to kill myself.
 1 In some situations I have impulses to kill myself.
 2 In most situations I have impulses to kill myself.
 3 In all situations I have impulses to kill myself.