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### Cohort V CLIENT FOLLOW-UP INTERVIEW

Participant ID#: \_\_\_\_\_

Date of ER visit / hospital inpatient admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Crisis Center that conducted follow-up with client: \_\_\_\_\_

Center Code #: \_\_\_\_\_

Hospital referral came from?  Emergency department  Inpatient Unit

Name of hospital: \_\_\_\_\_

Date of Research Follow-Up Interview: \_\_\_\_\_

Follow Up Interviewer's Name: \_\_\_\_\_

During this interview, I'll be asking you some questions to find out how you were doing when you went to the hospital on (date), and how you're doing now. But, before I do that, I'd like to ask you a few questions about your background,

<p><b>1. Age?</b> _____</p>	<p><b>2. Gender:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Male</p> <p style="padding-left: 20px;"><input type="checkbox"/> Female</p>
<p><b>3. Ethnicity:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Hispanic or Latino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Not Hispanic or Latino</p>	<p><b>4. How would you describe your race?</b> (Select all that apply)</p> <p style="padding-left: 20px;"><input type="checkbox"/> American Indian/Alaska Native</p> <p style="padding-left: 20px;"><input type="checkbox"/> Asian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="padding-left: 20px;"><input type="checkbox"/> Black or African American</p> <p style="padding-left: 20px;"><input type="checkbox"/> White</p> <p style="padding-left: 20px;"><input type="checkbox"/> Don't Know</p> <p style="padding-left: 20px;"><input type="checkbox"/> Refused</p>
<p><b>5. Your highest level of education:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Less than High School</p> <p style="padding-left: 20px;"><input type="checkbox"/> High School Graduate or GED</p> <p style="padding-left: 20px;"><input type="checkbox"/> Some College or Technical School</p> <p style="padding-left: 20px;"><input type="checkbox"/> College Graduate</p> <p style="padding-left: 20px;"><input type="checkbox"/> Graduate School (e.g., M.S., Ph.D., M.D., D.D.S.)</p>	<p><b>6. Currently attending school?</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 20px;"><input type="checkbox"/> No</p> <p style="padding-left: 20px;">If "Yes,"</p> <p><b>6a. What type of school?</b> _____</p> <p><b>6b. Attending?</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p>
<p><b>7. Your father's highest level of</b></p>	<p><b>8. Your mother's highest level of education:</b></p>

<p><b>education:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than High School</li> <li><input type="checkbox"/> High School Graduate or GED</li> <li><input type="checkbox"/> Some College or Technical School</li> <li><input type="checkbox"/> College Graduate</li> <li><input type="checkbox"/> Graduate School (e.g., M.S., Ph.D., M.D., D.D.S.)</li> <li><input type="checkbox"/> Don't know</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than High School</li> <li><input type="checkbox"/> High School Graduate or GED</li> <li><input type="checkbox"/> Some College or Technical School</li> <li><input type="checkbox"/> College Graduate</li> <li><input type="checkbox"/> Graduate School (e.g., M.S., Ph.D., M.D., D.D.S.)</li> <li><input type="checkbox"/> Don't know</li> </ul>
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<p><b>9. Have you ever served in the military?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Prefer not to answer</p> <p>If "Yes":</p> <p><b>Are you currently serving in the military?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Prefer not to answer</p> <p>If "Yes": <b>Are you on active duty?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Prefer not to answer</p>	
<p><b>10. Are you currently a member of the Reserves or National Guard?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Prefer not to answer</p>	
<p><b>11. Have you ever served in a combat zone or on a peace-keeping mission?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Prefer not to answer</p>	
<p><b>12. Employment Status:</b> (check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employed Full Time</li> <li><input type="checkbox"/> Employed Part Time</li> <li><input type="checkbox"/> Homemaker</li> <li><input type="checkbox"/> Retired</li> <li><input type="checkbox"/> Unemployed</li> <li><input type="checkbox"/> On Disability</li> </ul>	<p><b>13. Are you currently</b> (read choices)?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Married</li> <li><input type="checkbox"/> Separated</li> <li><input type="checkbox"/> Divorced</li> <li><input type="checkbox"/> Widowed</li> <li><input type="checkbox"/> Never married</li> </ul>
<p><b>14. Are you currently living with someone in a marriage-like relationship?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<p><b>15. Household composition?</b> (check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Spouse/Partner</li> <li><input type="checkbox"/> Children (If "Yes," Number: _____)</li> <li><input type="checkbox"/> Parent(s)</li> <li><input type="checkbox"/> Other family Member(s)</li> <li><input type="checkbox"/> Non-family Member(s)</li> <li><input type="checkbox"/> Live alone</li> </ul>
<p><b>16. How long have you lived at your current address?</b></p>	<p><b>17. Since the age of 18, have you ever been</b></p>

<p style="text-align: right;">(circle unit of time)</p> <p>___( # ) ___ days months years</p>	<p><b>homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," <b>How long homeless since age 18?</b></p> <p style="text-align: right;">(circle unit of time)</p> <p>___( # ) ___ days months years</p>
<p><b>18. Do you have health insurance?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If "Yes," <b>What kind?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Insured through employer (or other group plan)</li> <li><input type="checkbox"/> Purchase own insurance policy</li> <li><input type="checkbox"/> Covered on parent's or spouse's insurance plan</li> <li><input type="checkbox"/> Medicaid</li> <li><input type="checkbox"/> Medicare</li> <li><input type="checkbox"/> Any other government program, such as CHAMPUS or the Indian Health Services</li> <li><input type="checkbox"/> Other: _____</li> </ul>	

**PRIOR SERVICE USE**

So the next couple of questions I'm going to ask you are about the resources you used BEFORE you went to the hospital on (date)

**19. Had you ever used any of the following services for a mental health issue BEFORE you went to the hospital?** (read service list below to client)

- Yes (If yes, check all service types that client had used, and code most recent date accessed BEFORE going to the hospital)

<input type="checkbox"/> Emergency Department for mh/bh issue
<input type="checkbox"/> Inpatient Hospitalization for mental/behavioral health issue
<input type="checkbox"/> Phone Counseling / Crisis Hotline
<input type="checkbox"/> Other Emergency Service (e.g., 911, mobile crisis evaluation)
<input type="checkbox"/> Professional Mental Health Service (e.g., psychiatrist, psychologist, social worker)
<input type="checkbox"/> Other Counseling Service (e.g., AA, pastoral counselor, support group)
<input type="checkbox"/> Other Professional Resource (e.g., pc doctor consulted for mental health issue)

- No (If "No," skip to question #21.)

If "Yes," **19a. When did you last use the service(s)?**

(For each service used, code most recent date accessed BEFORE going to the hospital.)

	Last Time Accessed Service		
	Within Month Before Going to Hospital	Within Year Before Going to Hospital	More than One Year Before Going to Hospital
<input type="checkbox"/> Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inpatient Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Phone Counseling /Crisis Hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Emergency Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Professional Mental Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Counseling Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Professional Resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20. Were you in treatment for any behavioral or emotional issues at the time you went to the hospital?**

- Yes  
 No

If "Yes," **20a. From whom were you receiving treatment?** (Code all that apply):

- MH professional (e.g., psychiatrist, psychologist, social worker)  
 Other counseling (e.g., clergy, support group, AA)  
 Primary care doctor (i.e., for medication management)

Other members of treatment team (e.g., case worker, occupational therapist)

Other If "Other", specify: \_\_\_\_\_

**SUICIDE RISK – AT TIME OF HOSPITAL VISIT**

**21. When you went to the hospital on (date), were you having any thoughts about suicide?**

Yes

No

**Details (including precipitating factors) if mentioned:**

**22. At that time (when you went to the hospital), had you made any specific plans to kill yourself, to end your life?**

Yes

No

Do not remember

} If "No" or "Do not remember," skip to question #24

If "Yes,"

**22a. Had you planned how to do it?**

Yes

No

Do not remember

Details: \_\_\_\_\_

If "Yes,"

**22b. Were those means available to you?**

Not available/Had not been obtained

Obtained/Close by, but not immediately available

Immediately available/On hand

N/A

**22c. Had you planned where to do it?**

Yes

No

Do not remember

Details: \_\_\_\_\_

**22d. Had you planned when to do it?**

Yes

No

Do not remember

If "Yes,"

**22e. When did you plan to do it?**

Immediately / within a few hours

Within 48 hours

Within a week

- Specific future date (more than a week away)
- When things got bad enough
- Other: \_\_\_\_\_
- N/A

**23. Had you done something to prepare for killing yourself (e.g., obtaining means, writing a note)?**

- Yes
- No
- Do not remember

Details: \_\_\_\_\_

**24. Had you done something to try to kill yourself right before you went to the hospital on (date)?**

- Yes
- No If "No," skip to #25.

If "Yes,"

**24a. What had you done to kill yourself?** \_\_\_\_\_

**24b.** *(Interviewer: please classify actions based on client's response to #24a.)*

- Preparatory behavior (i.e., client obtained method, wrote a note)
- Aborted attempt (i.e., client stood on bridge ready to jump, held gun to head, held pills in hand, put rope around neck, etc. – then changed his/her mind and didn't go through with it)
- Interrupted attempt (i.e., same as aborted attempt, but somebody else or some external event prevented client from acting – client did not change his/her mind)
- Attempt in progress (i.e., client shot self, cut self, took pills)
- NSSI (i.e., client cut self or otherwise self-harmed with no intent to die)  
*(Interviewer: If NSSI is checked, #24 should be coded "No.")*

**24c. Do you think you were at risk of dying when you went to the hospital?**

- Not at all
- A little
- Moderately
- A lot

**25. When you went to the hospital on (date), how much would you say you wanted to die?**

- Definitely wanted to die
- Wanted to die more than live
- About equal
- A part of me wanted to live more than die
- Definitely wanted to live

**26. Did you think you had any other ways to solve your problems, other than suicide?**

- Suicide was the only possible option
- Other possible options existed

**27. When you went to the hospital, how likely were you to carry out your thoughts about killing yourself?**

- 1 = Not at all likely
- 2
- 3 = Somewhat likely
- 4
- 5 = Extremely likely
- 6 = Did try to kill self

*Automatically code "6" if behavior previously reported was Attempt in Progress (24b)*

**PREVIOUS ATTEMPTS (EVER)**

*(Interviewer note: if client answered "Yes" to #24, code 28 as "yes", and specify that the next question (28a) is about an attempt "other than what you just told me.")*

**28. Have you ever, in your whole life tried to kill yourself?**

- Yes
- No If "No," skip to question #33

If "Yes,"

**28a. Did you make the attempt *BEFORE* you went to the hospital on (date)?**

- Yes
- No If "No," skip to question #33

If "Yes,"

**28b. How many times did you try to kill yourself *BEFORE* you went to the hospital? \_\_\_\_\_ times**

**29. When was your last attempt *BEFORE* you went to the hospital, (the one closest in time to your going to the hospital)?**

- Within 1 hour
- Same day
- Within 1 week
- Within 1 month
- More than 1 month

**30. Did you go to a doctor, emergency room or other health facility for the resulting illness or injury after you tried to kill yourself?**

*(Ask question within context of most recent attempt *BEFORE* going to hospital)*

- Yes
- No

**31. What had you done to try to kill yourself?**

*(Ask question within context of most recent attempt BEFORE going to hospital)*  
*(Code: How? When? Where? Were you hospitalized?)*

**32. If more than 1 attempt BEFORE going to the hospital, code up to 3 more attempts, starting with the second most recent attempt BEFORE going to the hospital:**

*(For each attempt code: How? When? Where? Were you hospitalized?)*



**FOLLOW-UP (by crisis center counselors)**

The next questions are about the follow-up contact(s) you received from the crisis center, after you were discharged from the (ED / Hospital) on (date).

**33. Since you were discharged from the (ED or Hospital) on (date), how many times have you been contacted by a counselor/counselors from (crisis center) for follow-up?**

1x    2x    3x    More than 3x (give #: \_\_\_\_\_)

Client does not remember receiving follow-up (If yes, skip to question # 61)

**34. Were there things about the follow-up contact(s) from the crisis center that were helpful to you?**

Yes   If "Yes," details: \_\_\_\_\_

No

**35. Were there things about the follow-up contact(s) from the crisis center that were not helpful to you?**

Yes   If "Yes," details: \_\_\_\_\_

No

**36. What type of follow-up did you receive from the crisis center? (check all that apply)**

- Telephone call(s)
- Chat follow-up
- Text follow-up
- Face-to-face contact with crisis counselor

Details (if provided): \_\_\_\_\_

*Interviewer: for each type of follow-up the client received, ask the following:*

**36a. How did you feel about receiving follow-up contact over the telephone?**

Comfortable                       Neutral                       Uncomfortable

**36b. How did you feel about receiving follow-up contact over online chat?**

Comfortable                       Neutral                       Uncomfortable

**36c. How did you feel about receiving follow-up contact by text?**

Comfortable                       Neutral                       Uncomfortable

**36d. How did you feel about receiving follow-up contact in person?**

Comfortable                       Neutral                       Uncomfortable

**37. Which medium of follow-up did you (or would you) prefer?**

- Telephone call(s)
- Chat follow-up
- Text follow-up

Face-to-face contact with crisis counselor

Details: \_\_\_\_\_

**38. How many different counselors contacted you for follow-up?**

1    2    More than 2 (give #: \_\_\_\_\_)    Don't remember

*If client had contact with more than one counselor from center:*

**38a. How did you feel about talking to different counselors?**

Comfortable    Neutral    Uncomfortable

**39. When was the last time you were contacted by a counselor at the center?**

- Within the last few days
- Within the past week
- Within the past two weeks
- Within the past month
- More than a month ago

**40. Are you expecting another contact from the center?**

- Yes, follow-up is on-going
- No, follow-up has ended
- Client unsure*

If "No":

**40a. How did follow-up end?**

- Client & center mutually agreed to end follow-up (i.e., because client felt better/was in treatment, or because all planned contacts had been completed)
- Center unilaterally ended follow-up (i.e., center did not offer any more contacts)
- Client unilaterally ended follow-up (i.e., client declined any more contacts)
- N/A (Follow-up is on-going)
- Client unsure whether follow-up has ended*

## COUNSELOR BEHAVIOR

41. Next, I want to ask you some specific questions about the counselor(s) from the crisis center who followed up with you.

COUNSELOR BEHAVIOR (Rate Each Item)	Not at all	A little	Mode rarely	A lot	Check below if client had multiple follow-up counselors, and wants to rate them differently on a particular behavior. (Do not read this option to client.)
<b>I. GOOD CONTACT:</b>					
<b>To what extent did the counselor(s)</b> Show empathy or validate you by saying things like "it must be hard for you"?	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Understand your feelings	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Understand your situation?	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Create a caring and safe environment?	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Relate to you?	0	1	2	3	9
<b>To what extent was/were the counselor(s)</b> Non-judgmental and accepting?	0	1	2	3	9
<b>To what extent was/were the counselor(s)</b> Respectful to you?	0	1	2	3	9
<b>To what extent was/were the counselor(s)</b> Patient with you? (Did not rush you?)	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Stay engaged? (Seem interested and attentive?)	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Sound natural not scripted?	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Exhibit confidence in their role as a crisis counselor?	0	1	2	3	9
<b>II. COLLABORATIVE PROBLEM SOLVING:</b>					
<b>To what extent did the counselor(s)</b> Help you identify your problems, needs and wants?	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Help you prioritize your problems, needs and wants?	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Identify the event that precipitated your going to the hospital?	0	1	2	3	9
<b>To what extent did the counselor(s)</b> Explore what you had already tried to do to solve the problem?	0	1	2	3	9



<b>COUNSELOR BEHAVIOR (Rate Each Item)</b>	<b>Not at all</b>	<b>A little</b>	<b>Moderately</b>	<b>A lot</b>	Check below if client had multiple follow-up counselors, and wants to rate them differently on a particular behavior. (Do not read this option to client.)
<b>To what extent did the counselor(s) Tell you what you should do?</b>	0	1	2	3	9
<b>To what extent did the counselor(s) Help you to explore alternatives?</b>	0	1	2	3	9
<b>To what extent did the counselor(s) Work with you to create a plan that will keep you safe?</b>	0	1	2	3	9

**COUNSELOR BEHAVIOR (continued)**

**Counselor Behavior in Assessing Suicide Risk:**

<b>During the follow-up calls, did the counselor(s).....</b>	<b>Yes</b>	<b>No</b>	<b>Do Not Remember</b>
<b>Ask you if you were thinking about suicide?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ask you if you had thought about suicide within the past two months?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ask you if you had ever attempted suicide?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ask any other kind of questions that encouraged you to acknowledge suicidal thoughts?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Counselor Behavior in Assessing Client's Buffers:**

<b>During the follow-up calls, did the counselor(s).....</b>	<b>Yes</b>	<b>No</b>	<b>Do Not Remember</b>
<b>Talk with you about your plans for the future?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Talk with you about your reasons for living?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SUICIDE RISK DURING FOLLOW-UP PERIOD

These questions are about the time when (crisis center) was following up with you, from the time you were discharged from the (ED / Hospital) on (date) to the most recent follow-up contact you received.

**42. Between the time you were discharged from the (ED / Hospital) on (date) and the most recent follow-up contact you received, would you mind telling me if you were having any thoughts about killing yourself or ending your life?**

Yes

If "Yes," details:

No

**43. While you were receiving follow-up from the crisis center, did you have a specific plan to kill yourself?**

Yes

No

Do not remember



If "No" or "Do not remember," skip to #44

Details: \_\_\_\_\_

If "Yes,"

**43a. Did you plan how to do it?**

Yes

No

Do not remember

Details: \_\_\_\_\_

If "Yes,"

**43b. Were the means available to you?**

Not available/Had not been obtained

Obtained/Close by, but not immediately available

Immediately available/On hand

N/A

**43c. Did you plan where to do it?**

Yes

No

Do not remember

Details: \_\_\_\_\_

**43d. Did you plan when to do it?**

Yes

- No
- Do not remember

If "Yes,"

**43e. When did you plan to do it?**

- Immediately / within a few hours
- Within 48 hours
- Within a week
- Specific future date (more than a week away)
- When things got bad enough
- Other: \_\_\_\_\_
- N/A

**44. Had you done something in preparation for killing yourself (e.g., obtaining means, writing a note)?**

- Yes
- No
- Do not remember

Details: \_\_\_\_\_

**45. While the center was following up with you, how much would you say you wanted to die?**

- Definitely wanted to die
- Wanted to die more than live
- About equal
- A part of me wanted to live more than die
- Definitely wanted to live

**46. Did you think you had any other ways to solve your problems, other than suicide?**

- Suicide was the only possible option
- Other possible options existed

**47. While the center was following up with you, how likely were you to carry out your thoughts about killing yourself?**

- 1 = Not at all likely
- 2
- 3 = Somewhat likely
- 4
- 5 = Extremely likely
- 6 = Did try to kill self (If yes, check yes to question #48 below and skip to #48a)

**48. Did you do anything to try to kill yourself after you were discharged from the (ED / hospital), during the time the center was following up with you?**

- Yes
- No If "No," skip to #49.



If “Yes,”

**48a. What had you done to kill yourself?**

**48b. (Interviewer: please classify actions based on client’s response to #48a)**

- Preparatory behavior (i.e., client obtained method, wrote a note)
- Aborted attempt (i.e., client stood on bridge ready to jump, held gun to head, held pills in hand, put rope around neck, etc., then changed his/her mind and didn’t go through with it)
- Interrupted attempt (i.e., same as aborted attempt, but somebody else or some external event prevented client from acting – client did not change his/her mind)
- Attempt in progress (i.e., client shot self, cut self, took pills)
- NSSI (i.e., client cut self or otherwise self-harmed with no intent to die)  
*(Interviewer: If NSSI is checked, #48 should be coded “No.”)*

**48c. Do you think you were at risk of dying at that time?**

- Not at all       A little       Somewhat       A lot

**49. To what extent did the counselor’s contacting you stop you from killing yourself?**

- A lot       A little       Not at all       It made things worse

**49a. Details: What was it about the follow-up contact(s)...**

**50. To what extent did the counselor’s contacting you keep you safe?**

- A lot       A little       Not at all       It made things worse

**50a. Details: What was it about the follow-up contacts...**

**51. When the counselor(s) contacted you to follow up with you, did you and the counselor(s) identify any warning signs of emotional distress (including thoughts, feelings or behaviors) that can alert you that you may be at risk of becoming suicidal again in the future?**

- Yes
- No
- Do not remember

If "Yes", **51a. Has being aware of this been helpful to you?**

- Very much
- Somewhat
- A little
- Not at all
- N/A

**52. Did you and the counselor(s) identify any events or situations which might trigger you to become suicidal again in the future?**

- Yes
- No
- Do not remember

If yes: **52a. Has being aware of this been helpful to you?**

- Very much
- Somewhat
- A little
- Not at all
- N/A

**52b. Did you and the counselor(s) problem-solve to try to find other ways of addressing or preventing your trigger events or situations?**

- Yes
- No
- Do not remember

If Yes: **52c. Has this been helpful to you?**

- Very much
- Somewhat
- A little
- Not at all
- N/A

**53. Did you and the counselor(s) develop a plan for what you could do to keep yourself safe if you are feeling suicidal?**

- Yes
- No
- Do not remember

**53a. Comments/clarification by follow-up interviewer and/or client about safety plan:**

54. During the call(s) with the counselor(s):				If Discussed:		
Did you and the counselor(s) talk about:				54a. Has this been helpful to you?		
	Yes	No	Do not remember	Yes	No	N/A
Steps you can take to make your environment safe (i.e., to get rid of potential means to suicide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Safe use” or no use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care or coping strategies? (Things you can do on your own, like listening to music, taking a walk, taking a bath)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sure you are not alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering things that have helped you in the past (past survival skills), to use again now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**54b) Interviewer: After finishing the above chart, ask:**

**Was there anything else that you came up with that has been helpful to you (helped keep you safe) since you went to the hospital?**

In this next section, we're going to talk about some informal or social resources that you and the follow-up counselor(s) might have discussed. Just to clarify, these aren't professional resources.

55) During the call(s) with the counselor(s):				If Discussed:		
did you and the counselor(s) talk about:				55a) Has this been helpful to you?		
	Yes	No	Do not remember	Yes	No	N/A
Places you can go to distract yourself / not be alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People to call socially, to distract you if you are feeling suicidal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People you can share feelings with / ask for help? (not including professional caregivers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**55b. Informal/Social Safety Resources identified include: (check all that apply)**

- Family member(s)
- Friend(s)
- Other people; Please specify: \_\_\_\_\_
- Social environment(s); Please specify: \_\_\_\_\_

**55c. Did the follow-up counselor make phone calls to any of these people, to help you make contact with them?**

- Yes
- No
- N/A

**FORMAL RESOURCES** explored/identified:

**56. OK, so in this section, we're going to talk about any formal or professional sources of help that you might have discussed with the counselor(s).**

*(Interviewer: Read resources below and if the client says YES, check the box to the left of the resource; then proceed to the sub-questions, if any.)*

**Formal/Professional Resources**

**ASK: Did you and the counselor(s) talk about using any inpatient or outpatient mental health services (like a psychiatrist or a psychologist or a social worker)?**

- Licensed Mental Health Professionals  
(i.e., psychologist, psychiatrist, social worker, in/outpatient mh)
  - New
  - Current
  - Prior

If yes, what type? \_\_\_\_\_

**ASK: Did you and the counselor(s) you spoke to discuss using other support services like a support group, a 12-step program, a pastor or rabbi, or a healer?**

- Mental Health Support Services (unlicensed)  
(e.g., support groups like AA; school counselor/EAP; pastor/rabbi; native healer)
  - New
  - Current
  - Prior

If yes, what type? \_\_\_\_\_

**ASK: Did you and the counselor(s) speak about using other resources, like a primary care physician for a mental health issue, or any other professional assistance?**

- Other Professionals (licensed in non-mental health fields)  
(e.g., primary care physician, social services, other)
  - New
  - Current
  - Prior

If yes, what type? \_\_\_\_\_

If yes to any: Did counselor facilitate the contact by making a phone call?

- Yes    No    Don't remember    N/A

**Urgent Care/Emergency Resources**

**ASK: Did the counselor(s) advise you to contact their crisis center or some other crisis hotline or center?**

- Crisis hotline/Crisis center
  - Client advised to use crisis chat/text service
  - Client advised to call center that provided follow-up
  - Client advised to call the Lifeline

OTHER crisis hotline or center

**ASK: And did you and the counselor(s) talk about using any urgent care or emergency resources, such as the ER, 911, or Mobile Crisis?**

- Emergency Resources not including hotlines
  - Emergency Room/Urgent Care facility
  - EMS
  - Mobile Crisis
  - 911
  - Police
  - Other: \_\_\_\_\_

If Yes, when did the counselor suggest you should use... (ask for each emergency service endorsed)

	Immediately	Next Day	If suicidal in the future
Emergency Room/Urgent Care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes to any: Did counselor make a phone call to help you make contact with them?

- Yes    No    Do not remember    N/A

Interviewer:

If client received no formal resource referrals not already used/currently in use by client (i.e., no NEW or PRIOR professional resources, and no emergency resources other than the current hotline/center), skip to question #59.

If client received any referral to a NEW or PRIOR professional resource, or to an emergency resource other than the current hotline or center, continue to question #57.

**These questions are about the referrals you and the counselor(s) discussed.**

**You mentioned that you and the counselor(s) discussed \_\_\_\_\_ (for NEW referrals).**

**57. Did the counselor(s) help you envision or imagine what it would be like for you to make contact with the professional(s) or service(s) you discussed?**

- Yes    No    N/A (no NON-CURRENT formal/professional referral)

**58. Did you and the counselor(s) problem-solve about what might keep you from contacting the professional(s) or service(s) you discussed?**

- Yes    No    N/A (no NON-CURRENT formal/professional referral)



**Referral Follow-through**

**59. You said that you and the counselor(s) discussed \_\_\_\_\_ (referral/s received\*). Have you been able to call, contact, or follow through with (any of) the service(s) you and the counselor(s) discussed?**

Yes

No

Interviewer: read list of resources checked “yes” as discussed....and ask if used or not used			
<b>59a. Resource used since discussed with counselor?</b>	<b>Discussed* With counselor(s)</b>	<b>Used since</b>	<b>Not used</b>
Crisis hotline services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care/Emergency services (not including hotlines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Mental Health Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health support / counseling (not licensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professional help; describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*The computer program automatically codes the Resource Type “discussed” as “yes”, when it is endorsed as “yes” by the client earlier in the interview.

**Barriers to Service Use**

**60. Interviewer: Did the counselor discuss resources with the client that s/he was not able to follow through on, or decided not to use?**

Yes If “yes, go to question #60a

No If “no”, go to question #61

**60a. You said that you and the counselor discussed \_\_\_\_\_ (referral), but that you didn’t use it.**

**Would you mind telling me the reasons why you didn’t use this?**

(Code for each resource marked “discussed” and “not used”).

**Licensed Mental Health Professionals**

Financial Barriers (e.g., too expensive, no health insurance)

Details: \_\_\_\_\_

Structural Barriers (e.g., long waiting list, transportation issues)



Details: \_\_\_\_\_

- Perceptions about Mental Health Problems (e.g., thought could handle on own)

Details: \_\_\_\_\_

- Perceptions about Services (Past negative experience with MH provider(s); Bad initial contact with staff)

Details: \_\_\_\_\_

- Personal Barriers (e.g., lost the number, too busy, personal circumstances made it too difficult)

Details: \_\_\_\_\_

- Any other types of barriers:

Details: \_\_\_\_\_

**Other counseling services/ support groups**

- Financial Barriers (e.g., too expensive, no health insurance)

Details: \_\_\_\_\_

- Structural Barriers (e.g., long waiting list, transportation issues)

Details: \_\_\_\_\_

- Perceptions about Mental Health Problems (e.g., thought could handle on own)

Details: \_\_\_\_\_

- Perceptions about Services (Past negative experience with provider(s); Bad initial contact with staff)

Details: \_\_\_\_\_

- Personal Barriers (e.g., lost the number, too busy, personal circumstances made it too difficult)

Details: \_\_\_\_\_

- Any other types of barriers:

Details: \_\_\_\_\_

**Other Professional Resource(s)**

- Financial Barriers (e.g., too expensive, no health insurance)

Details: \_\_\_\_\_

- Structural Barriers (e.g., long waiting list, transportation issues)

Details: \_\_\_\_\_

- Perceptions about Mental Health Problems (e.g., thought could handle on own)

Details: \_\_\_\_\_

- Perceptions about Services (Past negative experience with provider(s); Bad initial contact with staff)

Details: \_\_\_\_\_

- Personal Barriers (e.g., lost the number, too busy, personal circumstances made it too difficult)

Details: \_\_\_\_\_

- Any other types of barriers:

Details: \_\_\_\_\_

**SERVICE USE SINCE ED/HOSPITAL DISCHARGE**

The next questions are about any services you may have used, whether or not you discussed them with the counselor(s). Since you were discharged from the (ED / Hospital) on (date), have you used or made contact with any of the following services or resources, or are you in ongoing treatment?

(Interviewer: code all service types endorsed in #59a [referral follow-through], as well as any other service types the client has used since the crisis contact. If more than one service used for a specific type of service, rate the one of each type with the most complete follow through.

(Interviewer: If NO formal/professional resources utilized since crisis contact, skip to #86.)

**61.  Hotline Services Specify:\_\_\_\_\_**

- Completed contact as follows: (check all that apply)
  - Called hotline/center that provided follow-up
  - Called different hotline / phone counseling at different center
  - Used online crisis chat service
  - Used crisis text service
- Called/attempted contact but not yet able to speak to anyone – If yes, go to #63.
- Called/attempted contact & found out that I can't, or don't want to use this service If yes, go to #64.

**62. How much have you benefited from this service in your opinion?**

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

**63. How well do you think this service matches your needs?**

- Not well
- Somewhat well
- Very well

(Interviewer - if hotline services used, check box for "Services free" below)

- Services free

**64.  Other Emergency Services Specify:\_\_\_\_\_**

- Completed contact as follows: (check all that apply)
  - Presented at Emergency Room/Urgent Care facility
  - Called 911
  - Safety check by Sherriff/Police
  - Transported by EMS/Police
  - Evaluated by Mobile Crisis
  - Transported by Mobile Crisis

Called/presented & found out that I can't, or don't want to use this service } If yes, go to #68.

**65. How much have you benefited from this service in your opinion?**

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

**66. How well do you think this service matches your needs?**

- Not well
- Somewhat well
- Very well

**67. Who will pay or has already paid for this service?  
(Code all that apply.)**

- Your insurance
- You or your family (does not include co-pay)
- Any other sources If "Yes," Specify: \_\_\_\_\_
- Services free

**68.  Mental Health Services Specify: \_\_\_\_\_**

- Kept more than one appointment
- Completed one appointment } If yes, go to #69.

Treatment is ongoing, but no appointments kept since crisis contact — If yes, code "Yes" to #69 and go to #70.

- Completed intake (with new provider)
- Have an appointment set up (with new provider)
- Called/Spoke with someone waiting for appoint – willing to wait } If yes, go to #71.
- Called/Call not yet returned/Not yet able to speak with anyone

Called & found out that I can't, or don't want to use this service — If "Yes," go to #74.

**69. Are you still in treatment?  Yes  No**

**70. How much have you benefited from this service in your opinion?**

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

**71. How well do you think this service matches your needs?**

- Not well
- Somewhat well
- Very well

**72. Did receiving follow-up from the crisis center influence your use of this service?**

- Yes

If yes, in what way?

- Counselor provided me with this referral/told me about this resource
- Counselor encouraged me to seek treatment or to remain in treatment
- Other: \_\_\_\_\_

- No

If no, details:

- Already using service prior to follow-up
- Client found service on his/her own, or through some other referral source

**73. Who will pay or has already paid for this service? (Code all that apply.)**

- Your insurance (group plan through employer or other organization)
- Private insurance (individual or family plan)
- You or your family (not including co-pay)
- Any other sources If "Yes," Specify: \_\_\_\_\_
- Services free

**74.  Other counseling/support services Specify: \_\_\_\_\_**

- Kept more than one appointment / attended more than one session
  - Completed one appointment / attended one session
- } If yes, go to #75.
- Participation is ongoing, but no appointments kept/sessions attended since crisis contact
- } If yes, code "Yes" to #75 and go to #76.
- Completed intake (with new service)
  - Have appointment set up (with new service)
  - Called/Spoke with someone/Waiting for call back (willing to wait)
  - Called/Call not yet returned/Not yet able to speak with anyone
- } If yes, go to #77.
- Called & found out that I can't, or don't want to use this service — If "Yes," go to #80.

**75. Are you still in treatment / still participating?  Yes  No**

**76. How much have you benefited from this service in your opinion?**

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

**77. How well do you think this service matches your needs?**

- Not well
- Somewhat well
- Very well

**78. Did receiving follow-up from the crisis center influence your use of this service?**

Yes

If yes, in what way?

- Counselor provided me with this referral/told me about this resource
- Counselor encouraged me to seek treatment or to remain in treatment
- Other: \_\_\_\_\_

No

If no, details:

- Already using service prior to follow-up
- Client found service on his/her own, or through some other referral source

**79. Who will pay or has already paid for this service? (Code all that apply)**

- Your insurance
- You or your family (does not include co-pay)
- Any other sources If "Yes," Specify: \_\_\_\_\_
- Services free

**80.  Other Formal/Professional Resource (Please specify: \_\_\_\_\_)**

- Kept more than one appointment
- Completed one appointment/attended one session } If yes, go to #81.

Treatment is ongoing, but no appointments kept since crisis contact — If yes, code "Yes" to #81, and go to #82.

- Completed intake (with new provider)
- Have an appointment set up (with new provider)
- Called/Spoke with someone/Waiting for call back (willing to wait) } If yes, go to #83
- Called/Call not yet returned/Not yet able to speak with anyone
- Called & found out that I can't, or don't want to use this service — If "Yes," go to #86.

**81. Are you still in treatment?  Yes  No**

**82. How much have you benefited from this service in your opinion?**

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

**83. How well do you think this service matches your needs?**

- Not well
- Somewhat well
- Very well

**84. Did receiving follow-up from the crisis center influence your use of this service?**

Yes

If yes, in what way?

- Counselor provided me with this referral/told me about this resource
- Counselor encouraged me to seek treatment or to remain in treatment
- Other: \_\_\_\_\_

No

If no, details:

- Already using service prior to follow-up
- Client found service on his/her own, or through some other referral source

**85. Who will pay or has already paid for this service? (Code all that apply.)**

- Your insurance
- You or your family (does not include co-pay)
- Any other sources If "Yes," Specify: \_\_\_\_\_
- Services free

**Center for Epidemiologic Studies Depression Scale (CES-D), NIMH**

**86. Next, I'm going to read some statements of feelings and behaviors.**

**Please tell me how often you have felt this way during the past week.**

(Interviewer: Read the response options before starting, and repeat every several questions)

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1–2 days)	Occasionally or moderate amount of time (3–4 days)	Most or all of the time (5–7 days)
I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not get "going".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Ideation, Behavior, and Risk Since Last Contact With Crisis Counselor

Okay, so these next questions are about how you've been feeling since the last time a counselor contacted you for follow-up. Just to let you know, these are mostly yes or no questions.

**87. Since the last time you spoke with a follow-up counselor, have you had any thoughts about killing yourself?**

- Yes
- No

**88. Right now, are you having any thoughts about killing yourself?**

- Yes
- No (If "No," go to #89).

If "Yes,"

**88a. How much of each day have you been thinking about suicide?**

- Fleeting thoughts/Once in a while
- Persistent thoughts/A lot of the time

**88b. Have you been able to control your thoughts about suicide?**

- Yes
- No

**89. Since the last time you spoke with a follow-up counselor, have you had any plans to kill yourself?**

- Yes
- No

**90. Right now, do you have any specific plans to kill yourself?**

- Yes\*** If "Yes," continue to Question 90a.
- No If "No," go to question 94.

**90a. Do you have a method in mind?**

- Yes *go to 90b*
- No *go to 90c*

Details: \_\_\_\_\_

If yes:

**90b. Is this means available to you?**

- Not available/Has not been obtained
- Obtained/Close by, but not immediately available
- Immediately available/On hand
- N/A

90c. Do you have a place in mind?

- Yes
- No

Details: \_\_\_\_\_

90d. Do you have a time in mind?

- Yes *go to 90e*
- No *go to 91*

If yes:

90e. When are you planning to do it?

- Immediately/Within a few hours\***
- Within 48 hours
- Within a week
- Specific future date (more than a week away)
- When things get bad enough

91. Are you alone now?

- Yes
- No If No, go to #92

91a. Is anyone nearby?

- Yes
- No

92. Have you been drinking or taking (illicit) drugs today?

- Yes
- No If "No", go to #93

If Yes: 92a. How much/what kind? \_\_\_\_\_

*If they haven't already mentioned firearms as a part of their plan, ask; if already mentioned, code without asking:*

93. Are there any firearms available where you are now?

- Yes
- No

94. Have you done anything to prepare for killing yourself (e.g., obtaining means, writing a note) since your last contact with a follow-up counselor?

- Yes
- No

Details: \_\_\_\_\_

**95. Have you done anything to try to kill yourself since your last contact with a follow-up counselor?**

- Yes\*** If “Yes,” continue to #95a.
- No** If “No,” go to #98.

If “Yes”:

**95a. What did you do?**

**95b. (Interviewer: please classify actions based on client’s response to #95a.)**

- Preparatory behavior (i.e., client obtained method, wrote a note)
- Aborted attempt (i.e., client stood on bridge ready to jump, held gun to head, held pills in hand, put rope around neck, etc., then changed his/her mind and didn’t go through with it)
- Interrupted attempt (i.e., same as aborted attempt, but somebody else or some external event prevented client from acting – client did not change his/her mind)
- Attempt in progress (i.e., client shot self, cut self, took pills)
- NSSI (i.e., client cut self or otherwise self-harmed with no intent to die)  
(Interviewer: If NSSI is checked, #95 should be coded “No.”)

**95c. Do you think you were at risk of dying at that time?**

- Not at all       A little       Somewhat       A lot

**96. When was your last attempt AFTER your last follow-up call from a counselor at the crisis center?**

- Within 1 hour of last follow-up contact with counselor
- Same day
- Within 1 week after the follow-up contact
- Within 1 month after the follow-up contact
- More than 1 month after the last follow-up contact

Interviewer: (Ask these questions within context of most recent attempt AFTER last follow-up contact) \_

97. Did you go to a doctor, emergency room or other health facility for the resulting illness or injury after you tried to kill yourself?

- Yes
- No

97a. For the suicide attempt you made after your last follow-up contact from the center, did you receive mental health treatment from the ER, a hospital, a mental health provider, an in-or outpatient facility, a caseworker, or any other resource?

- Yes
- No\*

98. Right now, when (if) you think about killing yourself, how much do you really want to die?

- Definitely want to die\*
- Want to die more than live\*
- About equal
- A part of me wants to live more than die
- Definitely want to live

99. Right now, do you think you have any other ways to solve your problems, other than suicide?

- Suicide is the only possible option
- Other possible options exist

100. Right now, how likely are you to try to kill yourself?

On a scale of 1 to 5, where 1 is "not at all likely," 3 is "somewhat likely," and 5 is "extremely likely":

- 1 = Not at all likely
- 2
- 3\* = Somewhat likely
- 4\*
- 5\* = Extremely likely

101. Thinking back about how you were feeling at the time you went to the hospital on (date), and how you are feeling now, would you say you're....(interviewer: read all choices)

- A lot worse
- A little worse
- About the same
- A little bit better

A lot better

Note: The information needed in order to send the money order to the client is entered onto a paper form, whereas the follow-up assessment is entered directly into a computerized database.

The interviewer summarizes the call with the client (suggested wording for that summarization is detailed in the following page).

The information needed for sending the money order to the client is obtained.

<b>Name:</b> First Name: _____ Middle Name: _____ Last Name: _____	<b>Mailing Address:</b> Street: _____ City: _____ State: _____ Zip Code: _____
---	--

The client is thanked for his/her participation.

If required, interviewer initiates conference call with client and crisis counselor.

**Conference Call Record:**

**Conference call required?** (See summary on next page to see if client meets criteria)

- Yes
- No

If "Yes": Did client agree to conference call?  Yes  No

Did you (interviewer) establish call with client and crisis center (during which client and center agreed to reconnect once you got off the line?  Yes  No

No If "No" : Did client agree to receive a call from the center at a later time/date?  Yes

If "Yes": Did you (interviewer) contact center with the client's and your (interviewer's) contact information, so the center could contact the client in the future?  Yes  No

**MANDATORY CONFERENCE CALL:**

If client meets the criteria for the mandatory conference call, you must initiate a conference call with the client and the crisis center that has been conducting the follow-up calls with the client.

If you encounter a busy signal, you can work with the client a few minutes more and then try again, or conference call with the client to 1-800-273-TALK(8255) or 1-800-SUICIDE.



## Criteria for Mandatory Conference Call

(1) The client has made a suicide attempt since the most recent follow-up contact from the center, and did not receive any treatment after the attempt. If the client has made more than one attempt since the most recent follow-up contact, then this criterion relates to the most recent attempt.

(2) The client responds YES to any of the starred items under Current Plans/Means/Availability or under Current Intent to Die.

### **Suggested Wording for Discussing Conference Call with the Client:**

“During our call today, you’ve told me some things that I’m really concerned about. You said (suicide attempt since last follow-up contact, and no treatment, and/or list starred suicide items), and that you’re feeling (information from the CES-D). So, before we end our call today, it’s important that I connect you back to the crisis center so they can talk with you further about your thoughts about suicide, and the things that you’ve been going through. What would happen is that I would conference call with you back to the center. While you, the crisis counselor and I are on the phone together, I’d tell the counselor what you and I spoke about today, and give the counselor enough information so he or she can help you. Then, I’d get off of the line so you and the counselor can talk together.”

If the client agrees to the conference call, keep the client informed of exactly what you are doing. Tell him/her:

“Okay, I’m going to set up the conference call now. To be able to do this, what I have to do is to put you on hold while I dial the crisis center’s telephone number. While I’m doing this, you won’t hear anything, but I’m still connected with you. After the center answers my call to them, then I will take you off of hold, and the three of us will then be on the phone at the same time.”

If the client agrees to speaking with the center, but cannot or does not want to do so via a conference call, then call the crisis center, give the center your name and telephone number, the client’s name and telephone number, and details about what the client endorsed during the assessment.

**IF THE CLIENT REPORTS PROBLEMS BUT DOES NOT MEET THE CRITERIA** for a mandatory conference call, but might benefit from a crisis intervention call with the crisis center, then discuss this with the client.

### **Suggested Wording to Use With the Client:**

“During our call today, you told me that you are (information from CES-D, any endorsed suicide items, but not starred ones), and that (list any other problems they mentioned). I am wondering if you might want to call the crisis center to speak with a counselor to help you with the things you have been going through. You could also call the Lifeline at 1-800-273-TALK(8255).”

### **IF THE CLIENT DOES NOT MEET CRITERIA FOR A CONFERENCE CALL AND DOES NOT REPORT PROBLEMS:**

### **Suggested Wording to Use With the Client:**

“From what you have told me today, you seem to be doing well since you were discharged from the hospital.

However, if you ever want some help with a problem in the future, feel free to call the crisis center or the Lifeline at 1-800-273-TALK(8255).”



