SBQ-R Suicide Behaviors Questionnaire – Revised

Client Name: __________________________________________ Date of Visit: __________________

Instructions: Please check the number beside the statement or phrase that best applies to you.

1. Have you ever thought about or attempted to kill yourself? (check only one)
   □ 1. Never
   □ 2. It was just a brief passing thought
   □ 3a. I have had a plan at least once to kill myself but did not try to do it
   □ 3b. I have had a plan at least once to kill myself and really wanted to die
   □ 4a. I have attempted to kill myself, but did not want to die
   □ 4b. I have attempted to kill myself, and really hoped to die

2. How often have you thought about killing yourself in the past year? (check only one)
   □ Never
   □ Rarely (1 Time)
   □ Sometimes (2 Times)
   □ Often (3-4 Times)
   □ Very Often (5 or more times)

3. Have you ever told someone that you were going to commit suicide, or that you might do it?
   □ 1. No
   □ 2a. Yes, at one time, but did not really want to die
   □ 2b. Yes, at one time, and really wanted to die
   □ 3a. Yes, more than once, but did not want to do it
   □ 3b. Yes, more than once, and really wanted to do it

4. How likely is it that you will attempt suicide someday? (check only one)
   □ Never
   □ No chance at all
   □ Rather Unlikely
   □ Unlikely
   □ Likely
   □ Rather likely
   □ Very likely