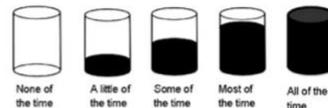


Please indicate if you completed the questions by yourself, or with the help of someone else

- By myself
- With the help of someone else
 - Relationship (e.g., parent)

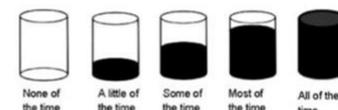
1 Think about the last 4 weeks. Did you feel so **sad** that nothing could cheer you up or make you happy?

- **Sad:** feeling down, unhappy.



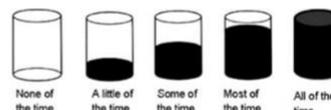
2 Think about the last 4 weeks. How often did you feel that something was going to happen that would make you happy?*

*reverse score due to re-phrasing of question from original



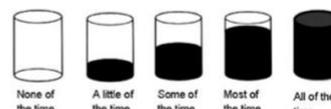
3 Think about the last 4 weeks. How often did you feel intense **shame** or **guilt**?

- **Shame:** a feeling that people have when they have done, said or thought things that made them feel bad or upset.
- **Guilt:** when someone thinks they have done something wrong, and they feel bad about it.



4 In the past 4 weeks, how often did you feel **worthless**?

- **Worthless:** something that has no value. When someone feels useless or like they have no value.



5 Have you ever tried to kill yourself?

5a. a. How many times have you tried to kill yourself?
(if 5 = Yes)

5b. b. How long ago did you last try to kill yourself?
(if 5 = Yes)

- Yes
- No
- One time
- Two times
- Three or more times
- In the past 2 months
- 2–6 months ago
- 6–12 months ago
- 1–2 years ago
- More than 2 years ago
- I don't remember

6 Is something bad that happened to you still making you feel bad now?

6a (if 6 = Yes) **Are any of these areas of your life still making you feel bad? Please select any areas which might be making you feel bad.**

- **Family breakdown:** Breaking up with a partner, parents getting divorced, siblings moving away
- **Relationship problems:** Having regular arguments with your partner, having regular arguments with your family members, communication problems with your family/partner
- **Sexual orientation:** Includes gay/lesbian, bisexual, asexual, polyamorous, and others
- **Gender identity:** The gender you feel you are inside which might not be the same as the gender you are on the outside. Or you might not feel like either a boy or a girl
- **Legal problems:** Being in trouble with the police or needing to go to court
- **Child custody:** Being able to see your children
- **Chronic:** Very bad
- **Trauma:** A very strong shock or very upsetting experience
- **Bullying:** Teasing, hurting or being mean to someone

- Yes
- No
- Family breakdown
- Relationship problem/s
- Someone you love has died
- Conflict relating to your **sexual orientation**
- Conflict relating to your **gender identity**
- Legal problems
- Child custody issues
- **Chronic** pain/illness
- Trauma
- Bullying
- Other (specify)

(Continued)

7 Have you thought about killing yourself in the past 4 weeks

7a (if 7=Yes) In the past 4 weeks, how often have you had thoughts of killing yourself?

7b (if 7=Yes) Think about how long you have been having thoughts about killing yourself. For example, think whether you have only had thoughts about killing yourself in the past 4 weeks, or if you have had thoughts like these before.

How long have you been thinking about killing yourself?

7c (if 7=Yes) How **strong** are thoughts about killing yourself?

- **Not strong at all:** Choose this answer if you don't think about killing yourself much
- **Somewhat strong:** Choose this answer if thoughts about killing yourself happen some of the time and are upsetting
- **Strong:** Choose this answer if thoughts about killing yourself happen often or make you feel serious about killing yourself
- **Very strong:** Choose this answer if you think about killing yourself a lot and you have trouble thinking about anything else

7d (if 7=Yes) How **strong** have these thoughts of killing yourself been in the last 1 week?

- **Not strong at all:** Choose this answer if you don't think about killing yourself much
- **Somewhat strong:** Choose this answer if thoughts about killing yourself happen some of the time and are upsetting
- **Strong:** Choose this answer if thoughts about killing yourself happen often or make you feel serious about killing yourself
- **Very strong:** Choose this answer if you think about killing yourself a lot and you have trouble thinking about anything else

7e (if 7=No) Skip to item 10

8 Do you have a plan for how you would attempt to kill yourself?

8a (i) (if Yes) What is your plan to kill yourself?

8a (ii) (if Yes) Are you able to access or get the things you need to carry out your plan of killing yourself?

8b (i) (if Yes) Where would you attempt to kill yourself?

8b (ii) (if Yes) Have you finished making all the necessary **preparations** to carry out your plan to kill yourself?

- **Preparations:** having things ready.

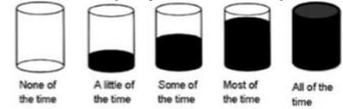
8c (if Yes) How likely are you to act on this plan to kill yourself?

9 What has stopped you acting on your suicidal thoughts?

Examples:

- Thinking about who will take care of your pet.
- Thinking about things you enjoy doing that you wouldn't be able to do anymore.

- Yes*
- No (Skip to item 10)



- In the past 4 weeks only
- Within the past 6 months
- Within the past 6–12 months
- For more than 12 months
- Don't know



- *Yes
 - No
- Open

- Yes
 - No
- Open

- Yes
- No



Open

Optional:

If you can, try and identify at least one thing that has stopped you acting on your thoughts to kill yourself.

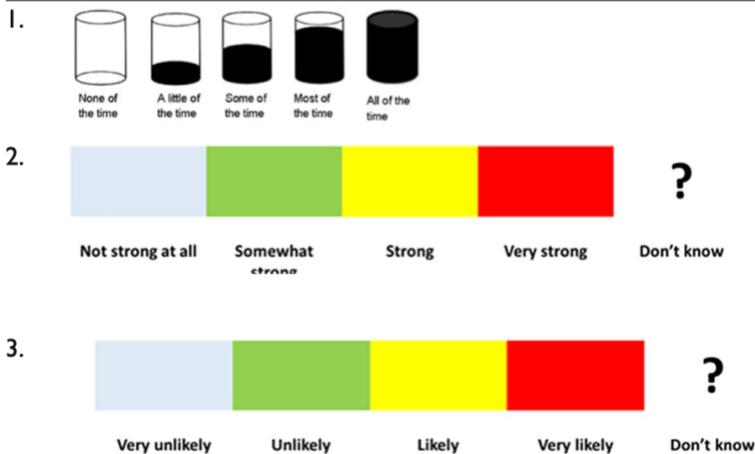
(Continued)

(Continued)

10	Do you have one person, or a few people who you can go to if you need help, or have a serious problem?	<ul style="list-style-type: none">• Yes• No
	Examples of people who could help or support you: <ul style="list-style-type: none">• Friend• Family member• Physician, doctor, or GP (general practitioner)• Health professional• Teacher• University professor• Counselor• Emergency helpline	
10a	Who is/are this/these person/people?	Open
10b	How often are you in contact with this/these person/people?	<ul style="list-style-type: none">• Daily• A few days a week• Weekly• Monthly• Less than once a month
11	What helps you when things are difficult or when you are feeling down, sad or depressed?	Open
	Examples: <ul style="list-style-type: none">• Sometimes when people feel sad, or when things are difficult, they may find it helpful to talk to their pet.• Some people may make time to play an online game, or go for a walk.	Optional: Try to identify at least one thing that helps you. It's ok to identify more than one thing, try and think of the things that are most helpful to you.

Appendix 2

The Suicide Assessment Kit-Modified Interview (SAK-MI) visual analogue scales. Scales.



Administration notes: Scales are recommended to be provided to clients prior to administration. Scale 1: 1, 2, 3, 4, 7a; Scale 2: 7c, 7d; Scale 3: 8c.

The Suicide Assessment Kit-Modified Interview (SAK-MI) coding algorithm.

Category/description	Coding	Suggested action
NEGATIVE AFFECT	<ul style="list-style-type: none"> Sum first four items (0-4 scale for each item, total of 16 points) Scores between 6-9 indicate possible depression (high sensitivity), 10+ indicate likely depression (high specificity) 	Monitor, assess for possible depression
CATEGORY 1		
<i>History of suicidality absent, current stressors absent, ideation absent, support networks present, may have elevated negative affect score.</i>	<ul style="list-style-type: none"> Item 5 (Lifetime attempts) = "No" AND Item 6 (Current stressor) = "No" OR < 3 stressors on item 6a endorsed) AND Item 7 (Current ideation) = "No" AND Item 10 (Support network) = "Yes" AND Item 11 (Coping skills) identified. 	Monitor, assess for possible depression
CATEGORY 2		
<i>Current low-level Suicidal Ideation (SI) in the absence of plan, reason to live present, support network and coping skills identified.</i>	<ul style="list-style-type: none"> Item 5 (Lifetime attempts) = "No" AND Item 6 (Current stressor) = "No" OR < 3 stressors on item 6a endorsed) AND Item 7 (Current ideation) = "Yes" AND Item 7a = "None of the time," or "A little of the time," AND Item 7c = "Not strong at all" or "Somewhat strong" AND Item 7d = "Not strong at all" or "Somewhat strong" AND Item 8 (Plan) = "No" AND Item 9 (Reasons to Live) identified AND Item 10 (Support network) = "Yes" AND Item 11 (Coping skills) identified. <p>*Also code here if respondent has a history of a remote attempt (≥ 2 years prior) in the absence of current SI or other risk factors.</p>	Monitor, assess for possible depression. Investigate therapeutic intervention based on client preference and level of distress caused by ideation.
CATEGORY 3		
<i>Presence of Suicidal Ideation (SI) with additional risk factors, some protective factors present, support network present.</i>	<ul style="list-style-type: none"> Item 7 (Current ideation) = "Yes" AND any of the following Item 7a = "Some of the time" Item 7c = "Strong" Item 7d = "Strong" 3 + stressors endorsed on item 6a, Item 8 (Plan) must be "No" (if plan, automatically high risk), Item 5 (Lifetime attempts) = "No" <ul style="list-style-type: none"> o or 1 attempt at least 1 year in the past allowed in this category; past-year attempt automatically Category 4 or Category 5, Must still have 2/3 protective factors, Item 9 (Reasons to Live) identified, Item 10 (Support network) = "Yes" Item 11 (Coping skills) identified. 	Monitor, assess for possible depression. Investigate therapeutic intervention based on client preference and level of distress caused by ideation. Discuss developing a safety plan and provide resources.
CATEGORY 4		
<i>Presence of Suicidal Ideation (SI), history (HX) of attempts (maybe recent or multiple past attempts), presence of plan, few protective factors, support network not identified.</i>	<ul style="list-style-type: none"> Item 7 (Current ideation) = "Yes" AND any of the following: <ul style="list-style-type: none"> Item 7a = "Most of the time" or "All of the time" Item 7c = "Very strong" Item 7d = "Very strong" Recent attempt within past year (item 5b) and/or multiple past attempts (item 5a) <ul style="list-style-type: none"> Item 8 (Plan) = "Yes" <ul style="list-style-type: none"> o includes detailed answers for items 8a (i) and/or 8b (i) (specific plan and location) and/or means that are accessible at some point in the future (item 8a (ii)) 0 or 1 protective factors Item 9 (Reasons to Live) not identified AND Item 10 (Support network) = "No" AND Item 11 (Coping skills) not identified. 	Develop a safety plan and provide crisis resources. Discuss safety if returned home, consider informing family member or other support person if there are any safety concerns.
CATEGORY 5		
<i>Presence of plan, preparations, maybe unwilling to disclose details of plan, absence of protective factors or support network, unable to identify any reason to live.</i>	<ul style="list-style-type: none"> Item 8 (Plan) = "Yes" AND any of the following Unwilling to disclose details of suicide plan (items 8a/b (i)) Item 8b (finished making preparations) = "Yes" No protective factors Item 9 (Reasons to Live) not identified AND Item 10 (Support network) = "No" AND Item 11 (Coping skills) not identified 	Admit to hospital. Monitor and restrict access to means.