

## 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