Ask Suicide Screening Questions (ASQ)

The ASQ is a suicide risk screening tool presented by the National Institute of Mental Health (NIMH)

Ask the patient:

1. In the past few weeks, have you wished you were dead?	O Yes	O No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	O Yes	O No
3. In the past few weeks, have you been having thoughts about killing yourself?	O Yes	O No
4. Have you ever tried to kill yourself?	O Yes	O No

If yes, how?

When?

If the patient answers YES to any of the above, ask the following acuity question:
5. Are you having thoughts of killing yourself right now?
If yes, please describe:

Next steps:

- If patient answers NO to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary *(*Note: clinical judgment can always override a negative screen).*

- If patient answers YES to any questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - **"YES"** to question #5 = **acute positive screen** (imminent risk identified)
    - Patient requires a STAT safety/full mental health evaluation. **Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - "**NO**" to question #5 = **non-acute positive screen** (potential risk identified)
    - Patient requires a brief suicide safety assessment ot determine if a full mental health evaluation is needed. **Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients:

- Georgia Crisis and Access Line (GCAL): 1-800-715-4225
- National Suicide Prevention Lifeline: 1-800-273-8255
- National Crisis Text Line: Text HOME to 741742

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