

## Patient Safety Screener

To be administered by primary nurse during primary nursing assessment.

Introductory script: Now I'm going to ask you some questions that we ask everyone treated here, no matter what problem they are here for. It is part of the hospital's policy and it helps us to make sure we are not missing anything important.

<b>PHQ-2: Over the past 2 weeks,</b>	Interpretation
1. . . . have you felt down, depressed, or hopeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Depressed mood
2. . . . have you felt little interest or pleasure in doing things? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anhedonia
<b>C-SSRS, Ideation: Over the past 2 weeks,</b>	
1. . . . have you wished you were dead or wished you could go to sleep and not wake up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passive ideation,
2. . . . have you had thoughts of killing yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	At least active ideation, general thoughts without thoughts of ways, intent, or plan
<b>C-SSRS, Behavior: In your lifetime,</b>	
1. . . . have you ever attempted to kill yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lifetime attempt
2. . . . When did this happen? <input type="checkbox"/> Today <input type="checkbox"/> Within the last 30 days (but not today) <input type="checkbox"/> Between 1 and 6 months ago <input type="checkbox"/> More than a six months ago	If within the last 6 months considered recent attempt

Apply protocols for further suicide evaluation and management as appropriate to the clinical practice guidelines in place at the individual site.