

- 01 _____ SASII SEQUENCE NUMBER (Count most recent SASII as "1") (If no SASII, code 0 and stop interview)
- 02 _____ BASIS FOR SEQUENCE NUMBER (1 = All episodes, 2 = All medically treated episodes, 3 = Most serious episode, 4 = First episode, 5 = Most recent episode, 6 = most serious last year 7 = Other _____).
- 03 _____ Think back to the most recent time (time before that) when you harmed yourself. Was this a single event or a series or cluster of events?

INTERVIEWER: RATE EPISODE AS A SINGLE EVENT OR CLUSTER OF EVENTS.

0 = Single event. An act clearly remembered and/or distinguishable from another act by any detail.

1 = Cluster of events. A repetitive or habitual series of low lethality acts in which all circumstances were identical, or a series of acts so poorly recalled by subject such that acts cannot be differentiated from each other in any way other than count.

DESCRIBE BASIS FOR LABELING AS A CLUSTER:

1a _____

- 04 _____ Was the initiation of your action to (method) (self-injury/suicide attempt/overdose) deliberate, accidental, or somewhere in between? (1 = Accidental, 2 = Semi-deliberate, 3 = Deliberate) (INTERVIEWER: IF INITIATION OF ACT ITSELF WAS AN ACCIDENT, I.E. CODE=1, BEHAVIOR IS NOT A SASII.)

- 05 _____ Exact/estimated number of suicide attempts or self-harm events in this cluster (IF SINGLE EVENT, ENTER "1")

5a ____/____/____ First date of cluster (IF SINGLE EVENT ENTER DATE OF EVENT)

5b ____/____/____ Last date of cluster (IF SINGLE EVENT ENTER DATE OF EVENT.)

- 06 _____ How accurate is this date (1=Exact, 2=Within two weeks, 3=Within one month, 4=Anytime in last year)

METHOD AND LETHALITY OF METHOD

- 07 _____ Before we try to understand what led up to and followed your self-injury/attempted suicide/overdose, I want to first understand exactly what you did. Tell me again/describe exactly what method(s) you used to injure yourself?

INTERVIEWER: CODE PRIMARY METHOD FOR #07

FOR EACH OF THE FOLLOWING METHODS, CODE 0 = Not used, 1 = Used.

- 7.1 _____ = Alcohol (used with direct intent to self-harm):

71a _____ What were you drinking?

(1 = BEER, 2 = WINE, 3 = LIQUOR,
4 = COMBINATION OF 1 & 2,
5 = COMBINATION OF 1 & 3,
6 = COMBINATION OF 2 & 3,
7 = COMBINATION OF 1, 2, & 3,
6 = OTHER, 71ao _____)

71b _____ How much did you drink? (CODE SEC's) _____

7.2 _____ = Drugs/Medications (used with direct intent to self-harm): _____

72a _____ How many different drugs or medications did you take?

72b What drugs or medication did you take? _____

72c DRUG CODE _____

72d How much did you take? 72d1 # tablets: _____ 72d2 # mg: _____

72g What other drugs or medication did you take? _____

72h DRUG CODE _____

72i How much did you take? 72i1 # tablets: _____ 72i2 # mg: _____

72l What other drugs or medication did you take? _____

72m DRUG CODE _____

72n How much did you take? 72n1 # tablets: _____ 72n2 # mg: _____

72q List any other drugs that you took _____

7.3 _____ = Poison/caustic substance:

73a What substance did you take? _____

(1=LYSOL, 2=RAT POISON, 3=AMMONIA, 4=POLISH REMOVER,
5=OTHER 73ao _____)

73b How much did you take? _____.

7.4 _____ = Burning:

74a What did you use? _____

(1=CIGARETTE, 2=LIGHTER/MATCH, 3=OVEN/STOVE,
4=CURLING IRON/FLAT IRON, 5=CLOTHES IRON, 6=HOT METAL, 7=HEATED KNIFE,
8=CANDLE, 9=CHARCOAL, 10=GREASE,
11=BOILING WATER, 12=LIGHT BULB, 13=INCENSE STICK,
14=OTHER 74ao _____)

74b Where did you burn yourself? _____

(1=WRISTS/ARMS, 2= TORSO, 3=LEGS,
4=OTHER/MIXED 74bo _____, 5=RECTUM, 6=VAGINA)

74c VERIFICATION BY SCARS? _____ (0 = No, 1 = Yes)

7.5 _____ = Scratch/cut

75a What did you use? _____

(1=RAZOR, 2=KITCHEN KNIFE,
3=EXACTO KNIFE/BOX CUTTER/CARPET KNIFE/UTILITY KNIFE, 4=POCKET
KNIFE/SWISS ARMY KNIFE, 5=SCISSORS/WIRE CUTTER, 6=FINGERNAILS,
7=GLASS/LIGHT BULB/POTTERY, 8=CAN LID/POP CAN, 9=EATING UTENSILS,
10=TWEEZERS, 11=PLASTIC, 12=NAILS,
13=SAFETY PIN/PUSH PIN/TACK, 14=OTHER 75ao _____)

75b Where did you scratch/cut? _____

(1=WRISTS/ARMS, 2=THROAT, 3= TORSO, 4=LEGS,
5=OTHER/MIXED 75bo _____)

75c How many stitches did you have? (if none, code 0 _____)

75d SEVERITY? _____

(1=SCRATCH, 2=CUTS, NO TENDON, ARTERY, NERVE DAMAGE, 3=TENDON, ARTERY,
NERVE DAMAGE)

75e VERIFICATION BY SCARS? (0 = No, 1 = Yes)

7.6 _____ = Stabbing, puncture:

76a What did you use? _____

(1=NEEDLE, 2=KITCHEN KNIFE, 3=POCKET KNIFE, 4=UTILITY KNIFE, 5=PEN/PENCIL,
5=NAILS, 7=SCISSORS, 8=GLASS, 9=KEYS, 10=PINS, 11=OTHER 76ao _____)

76b Where did you stab/puncture? _____

(1=WRISTS/ARMS, 2= TORSO, 3=LEGS, 4=OTHER/MIXED 76bo _____)

76c How many stitches did you have? _____

76d VERIFICATION BY SCARS? (0 = No, 1 = Yes)

7.7 _____ = Gun:

77a What kind of gun did you use? _____
(1=BB GUN, 2=HAND GUN, 3=RIFFLE, 4=AUTOMATIC, 5=DART GUN, 6=OTHER
77ao _____)

77b Where did you shoot? _____
(1=HEAD, 2= CHEST, 3=LOWER TORSO, 4=LIMBS, 5=OTHER/MIXED 77bo _____)

77c VERIFICATION BY SCARS? (0 = No, 1 = Yes)

7.8 _____ = Hanging:

78a What did you use? _____
(1= STRING, 2=ROPE, 3=SHEET, 4=OTHER 78ao _____, 5=BELT/STRAP, 6=TOWEL)

7.9 _____ = Strangling:

79a What did you use? _____
(1= STRING, 2=ROPE, 3=SHEET, 4=OTHER 79ao _____, 5=BELT/STRAP, 6=TOWEL,
7=HANDS)

7.10 _____ = Asphyxiation:

710a What did you use? _____
(1=CARBON MONOXIDE, 2=PLASTIC BAG, 3=OTHER 710ao _____, 4=PILLOW)

7.11 _____ = Jumping:

711a On what did you land? _____
(1= SOLID GROUND, 2=WATER, 3=OTHER 711ao _____,
4=DIDN'T FALL BUT WOULD HAVE BEEN LAND,
5=DIDN'T FALL BUT WOULD have LANDED IN WATER

711b From how high did you jump? (IN FEET) _____.

7.12 _____ = Drowning:

712a How far from shore or safety did you swim?(IN FEET) _____.

712b Was the water warm or cold? (1=WARM, 2=COLD) _____

712c Can you swim? (0 = NO, 1 = YES) _____

7.13 _____ = Hitting body:

713a What object did you hit? _____
(1=WALL, 2=FLOOR, 3=WALL AND FLOOR, 4=OTHER 713ao _____ 5=FISTS, 6=SINK,
7=APPLIANCES, 8=HAMMER, 9=FURNITURE, 10=WHIP)

713b How many times did you hit yourself? _____.

713c What part of your body was hit? _____
(1=HEAD AGAINST OBJECT, 2=FISTS AGAINST OBJECTS,
3=FISTS AGAINST HEAD, 4=OTHER 713co _____).

713d VERIFICATION BY BRUISE/SWELLING? (0 = No, 1 = Yes)

7.14 _____ = Stopped required medical treatments or medications (with direct intent to self-harm):

714a What did you stop doing? _____
(1= STOPPED NEEDED MEDICAL TREATMENTS,
2= STOPPED MEDICATIONS, 3=OTHER 714ao _____).

714b For how long was the treatment/medication stopped (hours)? _____

714c What was the treatment for? _____

714d What were expected consequences of stopping treatment: _____ -

7.15 _____ = Transportation related injury (e.g., drove car off a cliff).

715a describe: _____

7.16 _____ = Stepped into traffic.

716a describe: _____

7.17 = Other: _____

08 _____ INTERVIEWER: RATE MEDICAL RISK OF DEATH BASED ON METHOD AND ON OTHER SUBSTANCES PRESENT AT TIME

- 1 = Very low. Less than/equal to 5 pills (unless medication potentially lethal in low doses); scratching; reopening partially healed wounds; head banging, swallowing small, non-sharp objects; going underdressed into cold for brief time, lying down at night in the middle of a non-busy road but getting up when a car doesn't come or swimming out to middle of lake and returning upon getting tired. Minor heroin overdose 1.5 times usual dependent dose.
- 2 = Low. Superficial cut on surface or limbs; 6-10 pills (or fewer if medication potentially lethal in low doses); cigarette burn(s), jumping feet first from very low place (less than 10 feet). Heroin overdose 1.5 times usual dependent dose combined with other drugs and/or alcohol.
- 3 = Moderate. Overdose on 11-50 pills or two or more types of pills or 6-10 pills potentially lethal in low doses and combined with alcohol; deep cuts anywhere but neck, swallowing ≤ 12 oz shampoo or astringent, ≤ 2 oz. lighter fluid, or ≤ 4 tbsp. cleaning compounds; igniting flammable substance on limb. Moderate heroin overdose 2 - < 3 times usual dependent dose.
- 4 = High. Overdose with over 50 pills or 11-30 pills potentially lethal in low doses or combined with large amount of alcohol, stabbing to body; pulling trigger of a loaded gun aimed at a limb (arm or leg), swallowing > 2 oz lighter fluid, > 12 oz shampoo or astringent or > 4 tbsp. cleaning compounds, igniting flammable substance on multiple limbs and torso, walking into heavy traffic.
Heroin overdose 2 - < 3 times usual dependent dose combined with other drugs and/or alcohol.
- 5 = Very high. Overdose with over 30 pills lethal in small doses or combined with large amount of alcohol; poison (unless small amount not potentially lethal); attempted drowning; suffocation; deep cuts to the throat or limbs; jumping from low place (less than 20 feet), igniting flammable substance all over body, electrocution, throwing self in front of or from car going less than 30 miles/hr, strangulation. Serious heroin overdose 3 or more times usual dependent dose.
- 6 = Severe. Pulling trigger of loaded gun aimed at vital area (such as torso or head); Russian roulette, jumping from a high place (more than 20 feet); hanging (feet above the ground); asphyxiation (such as carbon monoxide suffocation); jumping in front of auto going faster than 30 miles/hr or off overpass in rush hour traffic, attempted drowning after ingesting alcohol or other drugs, swallowing nail polish remover, turpentine or similar substances. Serious heroin overdose 3 or more times usual dependent dose combined with other drugs and/or alcohol.

INTENT

09 _____ At the time of your self-injury/suicide attempt/overdose, what final outcome did you most intend and expect? (RECORD ANSWER VERBATIM.)

INTERVIEWER: RATE SUBJECT'S CONSCIOUS INTENT TO CAUSE SELF-INJURY, I.E., DEGREE THAT BEHAVIOR WAS INITIATED AND PERFORMED IN ORDER TO CAUSE SELF-INJURY OR IN ORDER TO RISK SELF-INJURY.

- 0 = No bodily or physiological harm intended or expected (e.g., expected to fly from window ledge; habitual substance abuser expected to get high as usual; bulimic expected to purge as usual)
- 1 = Ambivalent intent to cause bodily injury or physiological harm to self and took a chance (e.g., Russian roulette, habitual substance abuser took more than normal amount)
- 2 = Clear expectations of some bodily injury, physiological harm to self (e.g., expected to sleep for a whole weekend, expected skin to be broken, bulimic expected to disrupt electrolyte balance), or death

10 _____ Just before or at the time of this self-injury/overdose, were you thinking about suicide or wishing you were dead?

- 0 = Not at all
- 1 = I was wishing I was dead, but the thought of suicide did not go thru my mind
- 2 = The thought of suicide passed thru my mind
- 3 = I briefly considered it, but not seriously
- 4 = I was thinking about it and was somewhat serious
- 5 = I was very serious about dying but was also somewhat ambivalent
- 6 = I was extremely serious, intended to die and was not ambivalent at all

11. Would you say that you injured yourself/attempted suicide/overdosed for any of the reasons on this list and, if so, which ones? (0 = Not mentioned, 1 = Mentioned) **Please Give Card A to client**

- ____1 To stop bad feelings
- ____2 To communicate to or let others know how desperate you were
- ____3 To get help
- ____4 To gain admission into a hospital or treatment program
- ____5 To die
- ____6 To feel something, even if it was pain
- ____7 To punish yourself
- ____8 To get a vacation from having to try so hard
- ____9 To get out of doing something
- ____10 To shock or impress others
- ____11 To prove to yourself that things really were bad
- ____12 To give you something, anything to do
- ____13 To get other people to act differently or change
- ____14 To get back at or hurt someone
- ____15 To make others better off
- ____16 To get away or escape
 - To get away or escape from what? (check all that apply)
 - ____16a. your thoughts and memories
 - ____16b. your feelings
 - ____16c. other people
 - ____16d. yourself
- ____17 To stop feeling numb or dead
- ____18 To prevent being hurt in a worse way
- ____19 To stop feeling angry or frustrated or enraged
- ____20 To demonstrate to others how wrong they are/were
- ____21 To relieve anxiety or terror
- ____22 To distract yourself from other problems
- ____23 To relieve feelings of aloneness, emptiness or isolation
- ____24 To stop feeling self-hatred, shame
- ____25 To express anger or frustration
- ____26 To obtain relief from a terrible state of mind
- ____27 To make others understand how desperate you are
- ____28 To stop feeling sad
- ____29 Other _____

12 _____ At the time it occurred, did you consider the episode a suicide attempt, even if you did not really intend to die? (0 = No, 1 = Yes).

13 _____ Do you now consider that episode a suicide attempt? (0 = No, 1 = Yes).

If Q. 12 & 13 ARE CODED DIFFERENTLY, ASK THE FOLLOWING AND RECORD ANSWER VERBATIM.

What accounts for this change?

13a _____

14 _____ INTERVIEWER: RATE SUBJECT'S CONSCIOUS EXPECTATION OF FATAL OUTCOME.

0 = No expectation

1 = Uncertain of outcome

2 = Clear expectations of fatal outcome

COMMUNICATION OF SUICIDE INTENT

15 _____ At the time or near the time of this episode, did you tell anyone, directly or indirectly, that you were thinking of suicide or that you wished you were dead? (ASSESS IF SUBJECT COMMUNICATED SUICIDE IDEATION: 0=No, 1=Indirect communication, 2=Direct communication.)

15a DESCRIBE: _____

16 _____ At the time or near the time of this episode, did you threaten suicide to anyone or do anything that could be or was interpreted by someone else as a threat to harm or kill yourself? (ASSESS IF SUBJECT THREATENED: 0=No, 1=Indirect threat, 2=Direct threat.)

16a DESCRIBE: _____

IMPULSIVITY AND PROBABILITY OF INTERVENTION

17 _____ Did you plan your self-injury/suicide attempt/overdose, or was it an impulsive act? (RECORD ANSWER VERBATIM)

17a _____

INTERVIEWER: RATE IMPULSIVITY OF ACT.

- 1 = Commitment to act, followed by very careful or elaborate plan carried out over a period of time.
- 2 = Actively planned and/or got implements. Had impulse, resisted for _____ days, then acted.
- 3 = Actively planned and/or got implements. Had impulse, resisted for less than 24 hours.
- 4 = No active planning. Had impulse, resisted for _____ days, then acted.
- 5 = No active planning. Had impulse, resisted for less than 24 hours, then acted.
- 6 = No active planning. Occurred impulsively, with no forethought and without very strong emotion.
- 7 = No active planning. Occurred impulsively, with no forethought and with very strong emotion.

18 _____ At the time or near the time of this episode, did you write a suicide note? (0 = No, 1 = Yes)

19 _____ Did you arrange your self-injury/suicide attempt/overdose in such a way that it would be difficult for anyone to find, stop, or save you? (0 = No, 1 = Somewhat, 2 = Yes) Describe the circumstances: (RECORD ANSWER VERBATIM.)

20 _____ INTERVIEWER: RATE PROBABILITY OF INTERVENTION BASED ON ALL INFORMATION

- 1 = Chance of intervention remote. Act committed by person in a solitary or isolated place without access to telephone (i.e., a wooded area, cemetery, etc.).
- 2 = Improbable intervention. Act committed by person alone, with intervention by a passerby possible although not expected (i.e., in a motel room, an office late at night, at home alone with no one expected).
- 3 = Ambiguous chance of intervention. Act committed by person alone, with no certainty of immediate assistance. However, a reasonable chance for intervention existed (i.e., the victim is aware of the impending arrival of others).
- 4 = Probable intervention. Act committed with another person in the immediate vicinity but not visibly present (such as in the same dwelling/building). Or made phone call but did not directly communicate intention.
- 5 = Certain intervention. Act committed in the presence of another person/made phone call immediately before or after in order to advise of act or to say good-bye.

LEVEL OF MEDICAL TREATMENT

21. Following your self-injury/suicide attempt/overdose were you taken to any of these places or did you turn to any of these places or people for help? (**Give Card B**); 0 = Not contacted, 1 = Contacted).
- _____ 1 Physician/nurse (Visit)
 - _____ 2 Crisis outreach/after hours team/mental health professional (In person visit)
 - _____ 3 Police/wellness check (At home or other residence)
 - _____ 4 Paramedics/ambulance/aid car (At home or other residence)
 - _____ 5 Hospital emergency room
 - _____ 5b 0 = Not medically treated, 1 = Treated
 - _____ 6 Inpatient, psychiatric unit
 - _____ 6b Number of days (CODE = "0" if 6 = 0)
 - _____ 6c Voluntary (1 = Yes; 2 = voluntary but threatened with legal commitment if not agreed to; 3 = legally detained on a 24-48 hr. hold; 4 = 72+ hold)
 - _____ 7 Hospital medical floor
 - _____ 7b Number of days (CODE = "0" if 7 = 0)
 - _____ 8 Intensive care
 - _____ 8b Number of days (CODE = "0" if 8 = 0)

- 22 _____ What was your physical condition afterward? (RECORD VERBATIM ANSWER.)
22a _____

22b RECORD INFORMATION FROM MEDICAL RECORDS _____

INTERVIEWER: RATE PHYSICAL CONDITION FOLLOWING EPISODE

0 = No effect

1 = Very mild effect. *Death impossible.*

(e.g., went to sleep at regular time, woke up ok; slightly queasy or nauseous, but no vomiting; rash type abrasion, bruise; chilled; small non-sharp objects in digestive tract)

2 = Mild effect. *Death is highly improbable; could only occur due to secondary complications or very unusual circumstance.*

(e.g., nauseous; slept significantly more than normal, woke up ok; 1st degree burn; superficial lacerations without tendon, nerve or vessel damage and not requiring sutures; minimal blood loss; larger non-sharp objects in digestive tract)

3 = Moderate effect. *Death is improbable; could only occur due to secondary effects; medical aid is warranted, but not required for survival.*

(e.g., vomiting; slept significantly more than normal, woke up still drowsy; 2nd degree burn; non-septic infection; shallow lacerations on limbs or torso with slight tendon damage requiring sutures; broken digits or limbs; slight to moderate hypothermia or frost bite; slight concussion with no disorientation)

4 = Severe effect. *Death is improbable if first aid or medical attention is administered.*

(e.g., respiratory failure, elevated blood pressure, convulsions or seizures; 3rd degree burn covering 20% or less of body surface; septicemia; deep lacerations on face, limbs or torso with tendon damage or severing and possible nerve, vessel or artery damage; cuts on neck which may require sutures but no major nerves or vessels severed; blood loss less than 100 cc.; bullet in or deep piercing of limbs; severe head injury with decreased orientation; moderate tissue damage; sharp objects in digestive tract; vertebral fracture without cord injury)

5 = Very severe effect. *Death is somewhat probable unless first aid or medical attention is administered.*

(e.g., caustic substance; hypertensive crisis; stroke; 3rd degree burn covering 40% of body surface; severe, deep lacerations on face, limbs or torso with severing of major arteries; blood loss more than 200 cc; loss of eye, ear or digits; bullet or deep piercing in lower torso; severe tissue loss; vertebral fracture with cord injury; mild hypoxia; comatose but still responding to pain)

6 = Extremely severe effect. *Death is highly probable without out immediate and vigorous medical attention, and may occur even with vigorous first aid or medical attention.*

(e.g., 3rd degree burn covering 50% or more of body surface; loss of limb; deep lacerations on neck with major artery damage, i.e., cutting jugular vein; irreparable damage and/or systemic organ failure; gun shot or bullet in chest or head; closed airways, severe hypoxia and/or respiratory arrest; severe hypothermia; cardiac arrest; comatose and not responding to pain)

7 = Lethal effect. *Death occurred.*

23 _____ INTERVIEWER: USE ALL APPROPRIATE INFORMATION REGARDING TREATMENT THAT HAS BEEN GATHERED THROUGHOUT INTERVIEW TO CODE HIGHEST APPLICABLE NUMBER FROM LIST BELOW

- 0 = No medical treatment sought/required
- 1 = Went to emergency room or physician, had no medical treatment or assessment and went home (e.g., talked to social worker or resident and left)
- 2 = Went directly to an in-patient psychiatric unit
- 3 = Medically treated while on in-patient psychiatric unit, without going to emergency room
- 4 = Went to emergency room or physician, was medically treated and went home
- 5 = Went to emergency room, was treated and admitted to psychiatry unit
- 6 = While on psychiatric unit, went to emergency room for medical treatment and then returned to psychiatric unit
- 7 = Admitted to medical unit, whether or not via emergency room, for observation (hours to overnight)
- 8 = Admitted to medical unit, whether or not via emergency room, for required treatment
- 9 = Admitted to intensive care unit, whether or not via emergency room or medical floor
- 10 = Mortuary

24 _____ INTERVIEWER: RATE SUBJECT'S INTENT TO DIE, I.E., THE SERIOUSNESS OR INTENSITY OF THE WISH TO TERMINATE HIS OR HER OWN LIFE. RATINGS SHOULD REFLECT YOUR BEST ESTIMATE BASED ON ALL INFORMATION.

- 1 = Obviously no intent
- 2 = Only minimal intent
- 3 = Definite intent but very ambivalent
- 4 = Serious intent
- 5 = Extreme intent (careful planning and every expectation of death)

DESCRIBE REASON FOR RATING: 24a _____

25 _____ INTERVIEWER: BASED ON DEFINITION OF SASII ON APPENDIX, CATEGORIZE BEHAVIOR. CODING SHOULD REFLECT YOUR BEST JUDGMENT BASED ON ALL INFORMATION.

- 1 = Accidental self-harm, without undue risk taking and without unreasonable expectation of safety
- 2 = Accidental self-harm, with undue risk taking or with unreasonable expectation of safety
- 3 = Victim-precipitated self-harm, without intent to be harmed by others but with undue risk taking or with unreasonable expectation of safety
- 4 = "Victim-precipitated" self-harm with intent to be harmed by other
- 9 = OTHER, including absence of a behavior, which results in harm or illness (e.g., stopped taking important medicines such as insulin)
- 5 = Intentional self-injury, but not a suicide attempt
- 6 = Ambivalent suicide attempt
- 7 = Suicide attempt with no ambivalence
- 8 = Suicide attempt that is a "failed suicide", with continued life purely accidental and a near miracle

Supplemental and experimental questions for the Suicide Attempt Self-Injury Interview

26. If you had to pick one thing that you think most triggered your self-injury/suicide attempt, what would you say it was? (PROBE FOR MAIN PRECIPITATING EVENT)

_____ 26a. Did that happen on the day you injured yourself/attempted suicide? (0=no, 1=yes) _____ 26b. IF NO: did that happen right before you felt the urge to injure yourself or attempt suicide? (0=NO, 1=YES)

IF NO TO BOTH: In thinking about the trigger, ask yourself what was it about that particular day and that particular time that was different. What was the “straw that broke the camel’s back” that triggered your action or your final decision to act? What was different about the day you harmed yourself from a day or a week before or after? Why did you injure yourself on that particular day, as opposed to the day before or the week before? What specific events, thoughts, or feelings were most important?

27. Did any of the events or experiences on this list happen to you in the 24 hours before your self injury/suicide attempt? **Give Card D** (0 = Not mentioned, 1= Mentioned) ASSESSOR CHECK ALL ITEMS LISTED BY CLIENT.

THINGS THAT HAPPENED IN THE ENVIRONMENT

- _____ 1 You had an argument or conflict with another person
- _____ 2 You tried to spend time with someone but couldn’t
- _____ 3 Someone was disappointed with you
- _____ 4 Someone was angry with you, criticized you, or put you down
- _____ 5 Someone let you down or broke a promise
- _____ 6 Someone rejected you
- _____ 7 You lost someone important (even if temporary loss)
- _____ 8 Therapist went out of town or took a break from having sessions
- _____ 9 You were isolated or alone more than you wanted to be
- _____ 10 You had financial problems
- _____ 11 You lost a job
- _____ 12 You had health problems or physical discomfort
- _____ 13 You had a new demand 13a _____.
- _____ 14 You tried to get (or continue) something you wanted but couldn’t
- _____ 15 You heard of someone else attempting suicide or harming themselves
- _____ 16 You saw things that you could use to harm yourself or attempt suicide with
- _____ 17 You talked to someone about sexual abuse or rape
- _____ 18 You talked with your therapist about sexual abuse or rape
- _____ 19 You had a therapy session before your self-injury/suicide attempt (on the same day)
- _____ 20 You had a therapy session scheduled for later in the day (after self-injury/suicide attempt)
- _____ 21 Other important negative events happened which could have triggered your suicide attempt/self-injury
21a _____

CLIENT’S FEELINGS

- _____ 22 Upset, miserable or distressed
- _____ 23 Out of control
- _____ 24 Anxious, afraid, or panicked
- _____ 25 Overwhelmed
- _____ 26 Angry, frustrated or enraged
unspecified
- _____ 27 Angry, frustrated or enraged at
someone else
- _____ 28 Angry frustrated or enraged at
yourself
- _____ 29 Self-hatred or shame, or thought you were
“bad”
- _____ 30 Like you deserved to be punished or hurt
- _____ 31 Like a failure or inferior
- _____ 32 Like a burden to others
- _____ 33 Felt bad about yourself
- _____ 34 Guilty
- _____ 35 Sad or disappointed
- _____ 36 Depressed
- _____ 37 Tired or exhausted
- _____ 38 Lonely, isolated, or abandoned
- _____ 39 Trapped or helpless
- _____ 40 Discouraged or hopeless
- _____ 41 Confused
- _____ 42 Emotionally empty or numb

CLIENT’S THOUGHTS

- _____ 43 About sexual abuse or rape
- _____ 44 About physical abuse or assault
- _____ 45 Had flashbacks or nightmares

28. During the 24 hours before your self-injury/suicide attempt/overdose, did you:
- ____1 Drink alcohol? (0 = No, 1 = Yes)
 - ____1b. How much did you drink? (CODE SEC's)
 - ____1c. How many hours were you drinking?
 - ____1d. How long before your self-injury did you stop drinking? (CODE HOURS; CODE = "0" IF DRANK IMMEDIATELY PRIOR TO INJURY)
 - ____2 Take illegal drugs or more than the prescribed amount of medications?
 - ____2a. How many different drugs did you use?
 - ____2b. What did you use?
 - ____2c. How much did you use?
 - ____2d. How long before your self-injury did you take the drugs/medications? (CODE HOURS; CODE = "0" IF USED IMMEDIATELY PRIOR TO INJURY)
 - ____2e. What did you use?
 - ____2f. How much did you use?
 - ____2g. How long before your self-injury did you take the drugs/medications? (CODE HOURS; CODE = "0" IF USED IMMEDIATELY PRIOR TO INJURY)
 - ____2h. What did you use?
 - ____2i. How much did you use?
 - ____2j. How long before your self-injury did you take the drugs/medications? (CODE HOURS; CODE = "0" IF USED IMMEDIATELY PRIOR TO INJURY)
 - 2k. List any additional ones used. _____
 - ____3 Sleep worse than you usually do?
 - ____4 Ask someone for help?
 - ____4b Did you get the help you asked for?
 - ____5 Eat a lot more food than you usually do (i.e., binge eating)?
 - ____6 Engage in illegal behavior (other than using drugs)?
- 29 _____ Were you feeling disconnected from your feelings or as if you were unreal during or prior to your self-injury/suicide attempt/overdose? (0 = No, 1 = Yes).
- 30 _____ Did this state of being disconnected or unreal begin after you decided to self-injury/suicide attempt/overdose? (0 = No, began before, 1 = Maybe, 2 = Yes, began after, -8 = No dissociation).
- 31 _____ Were you hearing voices that were telling you to harm yourself during or prior to your self-injury/suicide attempt/overdose? (0 = No, 1 = Yes).
- 32 _____ Did you feel physical pain during your self-injury/suicide attempt/overdose? IF YES: How much pain did you feel on a scale of 1 to 5 with 1=little pain but mostly none and 5=extreme pain. (Score 0=none or number 1-5).
33. Following your self-injury/suicide attempt/overdose were you taken to any of these places or did you turn to any of these places or people for help? (*Give Card C and code in the order that Subject contacted each*) 0 = Not contacted, 1 = Contacted first, 2 = Contacted 2nd, etc.).
- ____1 Relative
 - ____2 Friend
 - ____3 Supervisor/teacher
 - ____4 Co-worker/other student
 - ____5 Stranger, neighbor
 - ____6 Crisis service/after hours team. (By phone)
 - ____7 Psychotherapist (By phone)
 - ____8 Physician/nurse (By phone)
 - ____9 Psychotherapist (Extra visit)
 - ____10 Other 10a _____
34. How helpful were each of the people/agencies with whom you had contact? Please rate on a scale of 1 to 5 with 1 = they made things worse to 5 = they made things much better.
- | | |
|-------------------------------|--|
| ____1 Relative | ____6 Crisis service/ after hours team. (By phone) |
| ____2 Friend | ____7 Psychotherapist (By phone) |
| ____3 Supervisor/teacher | ____8 Physician/nurse (By phone) |
| ____4 Co-worker/other student | ____9 Psychotherapist (Extra visit) |
| ____5 Stranger, neighbor | ____10 Other 10a _____ |

(For those items answered with a number in question #21, ask the above question. Code = "-8" if person/agency was coded "0" in #21)

- ____1 Physician/nurse (Visit)
- ____2 Crisis outreach/after hours team/mental health professional (In person visit)
- ____3 Police/wellness check (At home or other residence)
- ____4 Paramedics/ambulance/aid car (At home or other residence)
- ____5 Hospital emergency room
- ____6 Inpatient, psychiatric unit
- ____7 Hospital medical floor
- ____8 Intensive care

- 35 _____ Did your self-injury/suicide attempt/overdose have any of the following consequences on your job? (CODE "-8" IF SUBJECT UNEMPLOYED)
- 1 = Strongly improved my job performance by causing me to work more, be more focused, etc.
 - 2 = Slightly improved my job performance
 - 3 = No effect or overall neutral effect
 - 4 = Impaired my job performance
 - 5 = Reprimanded/demoted
 - 6 = Lost job
- 36 _____ How many work days did you miss because of your self-injury? (CODE = "-8" IF SUBJECT UNEMPLOYED)
- 37 _____ Did your self-injury/suicide attempt/overdose have any of the following consequences on your school work? (CODE = "-8" IF SUBJECT NOT ENROLLED)
- 1 = Strongly improved my school performance by causing me to study more, be more focused, etc.
 - 2 = Slightly improved my school performance
 - 3 = No effect or overall neutral effect
 - 4 = Impaired my school performance
 - 5 = Dropped a class(es) / Failed a class(es)
 - 6 = Expelled
- 38 _____ How many days did you miss because of your self-injury? (CODE = "-8" IF SUBJECT NOT ENROLLED)
- 39 _____ Did your self-injury/suicide attempt/overdose have any of the following consequences on your housing situation?
- 1 = Strongly improved living situation by making roommates/family with whom you live more understanding, reducing housework, etc.
 - 2 = Slightly improved living situation
 - 3 = No effect or overall neutral effect
 - 4 = Housemates/neighbors upset / Restrictions placed on me
 - 6 = Neighbors called the authorities to complain / Threatened with an eviction
 - 7 = Evicted
- 40 _____ Did your self-injury/suicide attempt/overdose have any of the following consequences on your financial situation?
- 1 = Significantly improved my financial situation by causing others to give me money, reduce my debt, etc.
 - 2 = Slightly improved my financial situation
 - 3 = No effect or overall neutral effect
 - 4 = Costs paid for by insurance or other third party or paid less than \$100 out of pocket
 - 5 = Paid costs out of pocket of more than \$100
 - 6 = Bankrupt
- 41 _____ Did your self-injury/suicide attempt/overdose have any of the following consequences on your relationships with people that you care about?
- 1 = Much closer, much more contact
 - 2 = Somewhat closer or somewhat more contact
 - 3 = No effect or overall neutral effect
 - 4 = Somewhat more distant or strained or somewhat less contact
 - 5 = More distant or strained or less contact
 - 6 = Relationship(s) ended

42 _____ Did any of the events or experiences on this list happen immediately following your self-harming/suicidal incident? **Give Card E.** If so please give a rating for each question on the following 1-5 scale: 1 = "Not true at all/ did not happen at all," to 5 = "Very true/ happened a lot".

- ____ 1. Bad feelings stopped
- ____ 2. Others understood how desperate you are/were
- ____ 3. You got help
- ____ 4. You gained admission into a hospital or treatment program
- ____ 5. You felt something, even if it was pain
- ____ 6. You felt punished or succeeded in punishing yourself
- ____ 7. You got a vacation from having to try so hard
- ____ 8. You got out of doing something
- ____ 9. You shocked or impressed others
- ____ 10. You proved to yourself that things really were bad
- ____ 11. It gave you something, anything to do
- ____ 12. Other people treated you better
- ____ 13. You got back at or hurt someone
- ____ 14. Other people were better off than before you harmed yourself
- ____ 15. You got away or escaped
- ____ 16. You stopped feeling numb or dead
- ____ 17. You prevented yourself from being hurt in a worse way
- ____ 18. Feelings of anger, frustration, or rage stopped
- ____ 19. Others realized how wrong they are/were
- ____ 20. Feelings of anxiety or terror stopped
- ____ 21. You were distracted from other problems
- ____ 22. Feelings of aloneness, emptiness, or isolation stopped
- ____ 23. Feelings of self-hatred/shame stopped
- ____ 24. Your (self-injury/suicide attempt/overdose) expressed your anger or frustration
- ____ 25. You experienced relief from a terrible state of mind
- ____ 26. Feelings of sadness stopped
- ____ 27. You stopped feeling empty inside, as if you were unreal, or disconnected from your feelings
- ____ 28. Feelings of depression stopped
- ____ 29. You felt worse about yourself or felt more self-hatred/shame
- ____ 30. Other _____

Appendices

SASII Card A (Question #11)

Would you say that you injured yourself/attempted suicide for any of the reasons on this list and, if so, which ones?

1. To stop bad feelings
2. To communicate to or let others know how desperate I was
3. To get help
4. To gain admission into a hospital or treatment program
5. To die
6. To feel something, even if it was pain
7. To punish myself
8. To get a vacation from having to try so hard
9. To get out of doing something
10. To shock or impress others
11. To prove to myself that things really were bad
12. To give me something, anything to do
13. To get other people to act differently or change
14. To get back at or hurt someone
15. To make others better off
16. To get away or escape
 - To get away or escape from what? (tell assessor all that apply)
 - 16a. my thoughts and memories
 - 16b. my feelings
 - 16c. other people
 - 16d. myself
17. To stop feeling numb or dead
18. To prevent being hurt in a worse way
19. To stop feeling angry or frustrated or enraged
20. To demonstrate to others how wrong they are/were
21. To relieve anxiety or terror
22. To distract myself from other problems
23. To relieve feelings of aloneness, emptiness or isolation
24. To stop feeling self-hatred, shame
25. To express anger or frustration
26. To obtain relief from a terrible state of mind
27. To make others understand how desperate I am
28. To stop feeling sad
29. Other _____

SASII CARD B

(Question #21)

Following your self-injury/suicide attempt/overdose were you taken to any of these places or did you turn to any of these places or people for help?

1. Physician/nurse (Visit)
2. Crisis outreach/after hours team/mental health professional (In person visit)
3. Police/wellness check (At home or other residence)
4. Paramedics/ambulance/aid car (At home or other residence)
5. Hospital emergency room
6. Inpatient, psychiatric unit
7. Hospital medical floor
8. Intensive care

SASII CARD C

(Question # 33)

Following your self-injury/suicide attempt/overdose were you taken to any of these places or did you turn to any of these places or people for help?

1. Relative
2. Friend
3. Supervisor/teacher
4. Co-worker/other student
5. Stranger, neighbor
6. Crisis service/after hours team (by phone).
7. Psychotherapist (by phone)
8. Physician/nurse (by phone)
9. Psychotherapist (extra visit)
10. Other _____

SASII
CARD D
(Question #27)

Did any of the events or experiences on this list happen to you in the 24 hours before your self injury/suicide attempt?

THINGS THAT HAPPENED IN THE ENVIRONMENT

1. I had an argument or conflict with another person
2. I tried to spend time with someone but couldn't
3. Someone was disappointed with me
4. Someone was angry with me, criticized me, or put me down
5. Someone let me down or broke a promise
6. Someone rejected me
7. I lost someone important (even if temporary loss)
8. Therapist went out of town or took a break from having sessions
9. I was isolated or alone more than I wanted to be
10. I had financial problems
11. I lost a job
12. I had health problems or physical discomfort
13. I had a new demand
14. I tried to get (or continue) something I wanted but couldn't
15. I heard of someone else attempting suicide or harming themselves
16. I saw things that I could use to harm myself or attempt suicide with
17. I talked to someone about sexual abuse or rape
18. I talked with my therapist about sexual abuse or rape
19. I had a therapy session before my self-injury/suicide attempt (on the same day)
20. I had a therapy session scheduled for later in the day (after self-injury/suicide attempt)
21. Other important negative events happened which could have triggered my self injury/ suicide attempt

FEELINGS

- | | |
|--|-------------------------------------|
| 22. Upset, miserable or distressed | 35. Sad or disappointed |
| 23. Out of control | 36. Depressed |
| 24. Anxious, afraid, or panicked | 37. Tired or exhausted |
| 25. Overwhelmed | 38. Lonely, isolated, or abandoned |
| 26. Angry, frustrated or enraged unspecified | 39. Trapped or helpless |
| 27. Angry, frustrated or enraged at someone else | 40. Discouraged or hopeless |
| 28. Angry frustrated or enraged at myself | 41. Confused |
| 29. Self-hatred or shame, or thought I was "bad" | 42. Emotionally empty or numb |
| 30. Like I deserved to be punished or hurt | |
| 31. Like a failure or inferior | THOUGHTS |
| 32. Like a burden to others | 43. About sexual abuse or rape |
| 33. Felt bad about myself | 44. About physical abuse or assault |
| 34. Guilty | 45. Had flashbacks or nightmares |

SASII CARD E

(Question #42)

Did any of the events or experiences on this list happen immediately following your self-harming/suicidal incident? If so please give a rating for each question on the following 1-5 scale:
1 = "Not true at all/ did not happen at all," to 5 = "Very true/ happened a lot".

1. Bad feelings stopped
2. Others understood how desperate I am/was
3. I got help
4. I gained admission into a hospital or treatment program
5. I felt something, even if it was pain
6. I felt punished or succeeded in punishing myself
7. I got a vacation from having to try so hard
8. I got out of doing something (PH2909)
9. I shocked or impressed others (PH2910)
10. I proved to myself that things really were bad
11. It gave me something, anything to do (PH2912)
12. Other people treated me better
13. I got back at or hurt someone
14. Other people were better off than before I harmed myself
15. I got away or escaped
16. I stopped feeling numb or dead
17. I prevented myself from being hurt in a worse way
18. Feelings of anger, frustration, or rage stopped
19. Others realized how wrong they are/were
20. Feelings of anxiety or terror stopped
21. I was distracted from other problems
22. Feelings of aloneness, emptiness, or isolation stopped
23. Feelings of self-hatred/shame stopped
24. My (self-injury/suicide attempt/overdose) expressed my anger or frustration
25. I experienced relief from a terrible state of mind
26. Feelings of sadness stopped
27. I stopped feeling empty inside, as if I was unreal, or disconnected from my feelings
28. Feelings of depression stopped
29. I felt worse about myself or felt more self-hatred/shame
30. Other _____