

Recovery Pathways, LLC

SBQ-R Suicide Behaviors Questionnaire-Revised

Patient Name: _____ Date: _____

Instructions: Please check the number beside the statement/phrase that best applies to you.

1. Have you ever thought about or attempted to kill yourself? (check one only)

- 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 one only)

- 1. Never
- 2. Rarely (1 time)
- 3. Sometimes (2 times)
- 4. Often (3-4 times)
- 5. 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? (check one only)

- 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 one only)

- 0. Never
- 1. No chance at all
- 2. Rather unlikely
- 3. Unlikely
- 4. Likely
- 5. Rather likely
- 6. Very likely

For office use only

Sum of Points:

If greater than 7 points you must notify the physician for further evaluation

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Michigan Alcohol Screening Test (MAST)

Patient Name: _____ **Date:** _____

These questions assess alcohol use. Please choose the answer that is mostly right. You may still answer the questions even if you don't drink alcohol, or haven't drank alcohol in a long time.

Check the response that corresponds with the following questions:	YES	NO
1. Do you feel you are a normal drinker? ("normal" is defined as drinking as much or less than most other people)		
2. Have you ever awakened the morning after drinking the night before and found that you could not remember a part of the evening?		
3. Does any near relative or close friend ever worry or complain about your drinking?		
4. Can you stop drinking without difficulty after one or two drinks?		
5. Do you ever feel guilty about your drinking?		
6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?		
7. Have you ever gotten into physical fights when drinking?		
8. Has drinking ever created problems between you and a near relative or close friend?		
9. Has any family member or close friend gone to anyone for help about your drinking?		
10. Have you ever lost friends because of your drinking?		
11. Have you ever gotten into trouble at work because of drinking?		
12. Have you ever lost a job because of drinking?		
13. Have you ever neglected your obligations, family, or work for two or more days in a row because you were drinking?		
14. Do you drink before noon fairly often?		
15. Have you ever been told you have liver trouble, such as cirrhosis?		
16. After heavy drinking, have you ever had delirium tremens (DTs), severe shaking, visual or auditory (hearing) hallucinations?		
17. Have you ever gone to anyone for help about your drinking?		
18. Have you ever been hospitalized because of drinking?		
19. Has your drinking ever resulted in your being hospitalize in a psychiatric ward?		
20. Have you ever gone to any doctor, social worker, clergyman, or mental health clinic for help with any emotional problem in which drinking was part of the problem?		
21. Have you been arrested more than once for driving under the influence of alcohol?		
22. Have you ever been arrested, or detained by an official for a few hours, because of other behavior while drinking?		

Sum of Points: _____ No apparent problem Early of Middle Problem Drinker Problem Drinker