

## **Supplemental materials**

The Dilemma of Death's Call

Tamara A. Huson, MD, FAAFP

Bon Secours Mercy Health Physicians, Cincinnati, Ohio University of Cincinnati, Cincinnati, Ohio

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen Version - Recent*

<b>SUICIDE IDEATION DEFINITIONS AND PROMPTS</b>	<b>Past month</b>	
<b>Ask questions that are bolded and <u>underlined</u>.</b>	<b>YES</b>	<b>NO</b>
<b>Ask Questions 1 and 2</b>		
<b>1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
<b>2) <u>Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) <u>Have you been thinking about how you might do this?</u></b> <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i>		
<b>4) <u>Have you had these thoughts and had some intention of acting on them?</u></b> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
<b>5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b>		

<b>6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b>	<b>YES</b>	<b>NO</b>
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
<b>If YES, ask: <u>Was this within the past three months?</u></b>		

- Low Risk
- Moderate Risk
- High Risk

# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

# Geriatric Depression Scale (short form)

**Instructions:** Circle the answer that best describes how you felt over the past week.

- |                                                                           |     |    |
|---------------------------------------------------------------------------|-----|----|
| 1. Are you basically satisfied with your life?                            | yes | no |
| 2. Have you dropped many of your activities and interests?                | yes | no |
| 3. Do you feel that your life is empty?                                   | yes | no |
| 4. Do you often get bored?                                                | yes | no |
| 5. Are you in good spirits most of the time?                              | yes | no |
| 6. Are you afraid that something bad is going to happen to you?           | yes | no |
| 7. Do you feel happy most of the time?                                    | yes | no |
| 8. Do you often feel helpless?                                            | yes | no |
| 9. Do you prefer to stay at home, rather than going out and doing things? | yes | no |
| 10. Do you feel that you have more problems with memory than most?        | yes | no |
| 11. Do you think it is wonderful to be alive now?                         | yes | no |
| 12. Do you feel worthless the way you are now?                            | yes | no |
| 13. Do you feel full of energy?                                           | yes | no |
| 14. Do you feel that your situation is hopeless?                          | yes | no |
| 15. Do you think that most people are better off than you are?            | yes | no |

**Total Score** \_\_\_\_\_

# Geriatric Depression Scale (GDS)

## Scoring Instructions

**Instructions:** Score 1 point for each bolded answer. A score of 5 or more suggests depression.

- |                                                                           |            |           |
|---------------------------------------------------------------------------|------------|-----------|
| 1. Are you basically satisfied with your life?                            | yes        | <b>no</b> |
| 2. Have you dropped many of your activities and interests?                | <b>yes</b> | no        |
| 3. Do you feel that your life is empty?                                   | <b>yes</b> | no        |
| 4. Do you often get bored?                                                | <b>yes</b> | no        |
| 5. Are you in good spirits most of the time?                              | yes        | <b>no</b> |
| 6. Are you afraid that something bad is going to happen to you?           | <b>yes</b> | no        |
| 7. Do you feel happy most of the time?                                    | yes        | <b>no</b> |
| 8. Do you often feel helpless?                                            | <b>yes</b> | no        |
| 9. Do you prefer to stay at home, rather than going out and doing things? | <b>yes</b> | no        |
| 10. Do you feel that you have more problems with memory than most?        | <b>yes</b> | no        |
| 11. Do you think it is wonderful to be alive now?                         | yes        | <b>no</b> |
| 12. Do you feel worthless the way you are now?                            | <b>yes</b> | no        |
| 13. Do you feel full of energy?                                           | yes        | <b>no</b> |
| 14. Do you feel that your situation is hopeless?                          | <b>yes</b> | no        |
| 15. Do you think that most people are better off than you are?            | <b>yes</b> | no        |

*A score of  $\geq 5$  suggests depression*

**Total Score** \_\_\_\_\_

Ref. Yes average: The use of Rating Depression Series in the Elderly, in Poon (ed.): Clinical Memory Assessment of Older Adults, American Psychological Association, 1986