

SUICIDALITY TRACKING SCALE (STS)

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RATING INSTRUCTIONS:

PLEASE ENSURE THAT ALL DIMENSIONS OF THE QUESTION ARE TAKEN INTO ACCOUNT IN CHOOSING THE APPROPRIATE RESPONSE (FOR EXAMPLE, TIME FRAME, FREQUENCY AND SEVERITY AND EACH PART OF EACH QUESTION)

1. **Over the past week did you suffer any accident?** NO YES
(this includes taking too much of your medication accidentally).

IF NO, SKIP TO QUESTION 2.
IF YES, ASK:

- | | Not at all | A little | Moderately | Very | Extremely |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1a. to what extent did you plan or intend to hurt yourself in that accident (either passively or actively)? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |

IF THE ANSWER TO QUESTION 1a IS 0, SKIP TO QUESTION 2.
IF IT IS SCORED ≥ 1 , ASK:

- 1b. Did you intend to die as a result of this accident? NO YES

Over the past week, how seriously did you:

- | | Not at all | A little | Moderately | Very | Extremely |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 2. think that you would be better off dead or wish you were dead? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| 3. want to harm yourself or to hurt or to injure yourself? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| 4. think about suicide? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| 5. plan for a suicide? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| 6. take active steps to prepare for a suicide attempt in which you expected or intended to die? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| 7. Over the past week, did you injure yourself on purpose? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | | | |

IF NO, SKIP TO QUESTION 8.
IF YES, ASK:

Over the past week, how seriously did you:

- | | Not at all | A little | Moderately | Very | Extremely |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 7a. deliberately injure yourself without intending to kill yourself? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |
| 8. attempt suicide? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> |

TOTAL