SUICIDALITY (SD)

*SD1. INTERVIEWER CHECKPOINT:

RESPONDENT IS ABLE TO READ.........................1
ALL OTHERS.................................................................2  GO TO *SD15

*SD2. (RB, PG12) Three experiences are listed in your booklet at the top of page 12 labeled A, B, and C. Did experience A happen to you at any time since (NCS1 YEAR)?

INTERVIEWER: EXPERIENCE A IS ‘YOU SERIOUSLY THOUGHT ABOUT COMMITTING SUICIDE’

YES..............................1
NO.................................5  GO TO *SU1, NEXT SECTION
DON’T KNOW.....................8  GO TO *SU1, NEXT SECTION
REFUSED..........................9  GO TO *SU1, NEXT SECTION

*SD2a. How old were you the first time this happened?

__________ YEARS OLD

DON'T KNOW ...................998
REFUSED ..........................999

*SD3. Did Experience A happen to you at any time in the past 12 months?

YES.................................1  GO TO *SD4
NO......................................5
DON’T KNOW.........................8
REFUSED...........................................9

*SD3a. How old were you the last time this experience happened to you?

__________ YEARS OLD

DON'T KNOW .........................998
REFUSED ..............................999

*SD4. (RB, PG 12) Now look at the second of the three experiences on the list, Experience B. Did experience B happen to you at any time since (NCS1 YEAR)?

INTERVIEWER: EXPERIENCE B IS ‘YOU MADE A PLAN FOR COMMITTING SUICIDE’

YES.................................1
NO......................................5  GO TO *SD6
DON’T KNOW.........................8  GO TO *SD6
REFUSED...........................................9  GO TO *SD6
*SD4a. How old were you the first time this happened?

________ YEARS OLD

DON’T KNOW.........................998
REFUSED..............................999

*SD5. Did Experience B happen to you at any time in the past 12 months?

YES.....................................1  GO TO *SD6
NO......................................5
DON'T KNOW.........................8
REFUSED..............................9

*SD5a. How old were you the last time this experience happened to you?

________ YEARS OLD

DON’T KNOW.........................998
REFUSED..............................999

*SD6. (RB, PG 12) Now look at the third of the three experiences on the list, Experience C. Did experience C happen to you at any time since (NCS1 YEAR)?

INTERVIEWER: EXPERIENCE C IS ‘YOU ATTEMPTED SUICIDE’

YES.....................................1  GO TO *SU1, NEXT SECTION
NO......................................5  GO TO *SU1, NEXT SECTION
DON'T KNOW.........................8  GO TO *SU1, NEXT SECTION
REFUSED..............................9  GO TO *SU1, NEXT SECTION

*SD6a. How many times did Experience C ever happen to you in your lifetime?

________ NUMBER OF TIMES

DON’T KNOW.........................998
REFUSED..............................999

*SD7. INTERVIEWER CHECKPOINT: (SEE *SD6a)

*SD6a EQUALS ‘1’...............................................1  GO TO *SD10
ALL OTHERS.........................................................2

*SD8. How old were you the first time?

________ YEARS OLD

DON’T KNOW.........................998
REFUSED..............................999
*SD9.  (RB, PG 12) There are three statements numbered 1, 2, and 3 at the bottom of page 12 in your booklet. Which of these three statements best describes your situation when Experience C happened to you the first time -- 1, 2, or 3?

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND
IT WAS ONLY LUCK THAT I DID NOT SUCCEED ............................................1

I TRIED TO KILL MYSELF, BUT KNEW THAT THE
METHOD WAS NOT FOOL-PROOF .................................................................2

MY ATTEMPT WAS A CRY FOR HELP, I DID NOT INTEND TO DIE.............3

DON'T KNOW ...............................................................................................8
REFUSED .........................................................................................................9

*SD10. Did Experience C happen to you in the past 12 months?

YES ..............................................................1  GO TO *SD11
NO ...............................................................5
DON'T KNOW ........................................8
REFUSED ...............................................9

*SD10a. How old were you (when/the last time) experience C happened to you?

__________ YEARS OLD  GO TO *SD14
DON'T KNOW ..............998  GO TO *SD14
REFUSED .................999  GO TO *SD14

*SD11. Did it result in an injury or poisoning?

YES ..............................................................1  GO TO *SD14
NO ...............................................................5
DON'T KNOW ........................................8  GO TO *SD14
REFUSED ...............................................9  GO TO *SD14

*SD12. Did it require medical attention?

YES ..............................................................1  GO TO *SD14
NO ...............................................................5
DON'T KNOW ........................................8  GO TO *SD14
REFUSED ...............................................9  GO TO *SD14

*SD13. Did it require overnight hospitalization?

YES ..............................................................1
NO ...............................................................5
DON'T KNOW ........................................8
REFUSED ...............................................9
Looking at the bottom of page 12 in your booklet, which of the three statements best describes your situation when Experience C happened to you (the last time) – 1, 2, or 3?

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED ............................................1

I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF .................................................................2

MY ATTEMPT WAS A CRY FOR HELP, I DID NOT INTEND TO DIE.............3

DON’T KNOW .........................................................................................................................8

REFUSED ........................................................................................................................................9

---

INTERVIEWER CHECKPOINT: (SEE *SD10)

*SD10 EQUALS ‘1’ .............................................1
ALL OTHERS ...............................................................2  GO TO *SU1, NEXT SECTION

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What method did you use? (Just give me the letter.)

A. GUN .........................................................................................................................................1
B. RAZOR, KNIFE OR OTHER SHARP INSTRUMENT .................................................................2
C. OVERDOSE OF PRESCRIPTION MEDICATIONS ..................................................................3
D. OVERDOSE OF OVER-THE-COUNTER MEDICATIONS .......................................................4
E. OVERDOSE OF OTHER DRUG (E.G. HEROIN, CRACK, ALCOHOL) .................................5
F. POISONING (E.G. CARBON MONOXIDE, RAT POISON)......................................................6
G. HANGING, STRANGULATION, SUCCIONATION ..................................................................7
H. DROWNING ...........................................................................................................................8
I. JUMPING FROM HIGH PLACES .............................................................................................9
J. MOTOR VEHICLE CRASH .......................................................................................................10
K. OTHER (PLEASE DESCRIBE) ...............................................................................................11

DON’T KNOW ..........................................................................................................................99

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The next few questions are about thoughts of hurting yourself. Have you seriously thought about committing suicide at any time since (NCS1 YEAR)?

YES.................................1
NO.................................5  GO TO *SU1, NEXT SECTION
DON’T KNOW .................8  GO TO *SU1, NEXT SECTION
REFUSED..........................9  GO TO *SU1, NEXT SECTION

---

How old were you the first time this happened?

__________ YEARS OLD

DON’T KNOW .................998
REFUSED .........................999
*SD16. Have you seriously thought about committing suicide at any time in the past 12 months?

YES.....................................1   GO TO *SD17
NO........................................5
DON'T KNOW......................8
REFUSED ............................9

*SD16a. How old were you the last time this experience happened to you?

________ YEARS OLD
DON'T KNOW.........................998
REFUSED ...............................999

*SD17. Have you made a plan for committing suicide at any time since (NCS1 YEAR)?

YES.....................................1
NO........................................5   GO TO *SD19
DON'T KNOW......................8  GO TO *SD19
REFUSED ............................9  GO TO *SD19

*SD17a. How old were you the first time this happened?

________ YEARS OLD
DON'T KNOW.........................998
REFUSED ...............................999

*SD18. Did you make a plan for committing suicide at any time in the past 12 months?

YES.....................................1   GO TO *SD19
NO........................................5
DON'T KNOW......................8
REFUSED ............................9

*SD18a. How old were you the last time this experience happened to you?

________ YEARS OLD
DON'T KNOW.........................998
REFUSED ...............................999

*SD19. Did you attempt suicide at any time since (NCS1 YEAR)?

YES.....................................1
NO........................................5   GO TO *SU1, NEXT SECTION
DON'T KNOW......................8  GO TO *SU1, NEXT SECTION
REFUSED ............................9  GO TO *SU1, NEXT SECTION

*SD19a. How many times have you attempted suicide in your lifetime?

________ NUMBER OF TIMES
DON'T KNOW.........................998
REFUSED ...............................999
**SD20. INTERVIEWER CHECKPOINT (SEE *SD19a):**

*SD19a EQUALS ‘1’ ................................. 1  \( \text{GO TO *SD23} \)

ALL OTHERS................................................................. 2

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**SD21.** How old were you the first time?

_________ YEARS OLD

DON'T KNOW ....................... 998

REFUSED .......................... 999

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**SD22.** There are three statements I will read out loud. Please tell me which of these three statements best describes your situation when you attempted suicide the first time – one, two, or three?

“One, I made a serious attempt to kill myself and it was only luck that I did not succeed.”

“Two, I tried to kill myself, but knew that the method was not fool-proof.”

“Three, my attempt was a cry for help, I did not intend to die.”

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED ............................................. 1

I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF ...................................................................... 2

MY ATTEMPT WAS A CRY FOR HELP, I DID NOT INTEND TO DIE.......... 3

DON'T KNOW .............................................................................. 8

REFUSED ....................................................................................... 9

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**SD23.** Have you attempted suicide in the past 12 months?

YES............................................... 1  \( \text{GO TO *SD24} \)

NO.................................................... 5

DON'T KNOW ................. 8

REFUSED ............................ 9

**SD23a.** How old were you (when/the last time) you attempted suicide?

_________ YEARS OLD  \( \text{GO TO *SD27} \)

DON'T KNOW................. 998  \( \text{GO TO *SD27} \)

REFUSED ......................... 999  \( \text{GO TO *SD27} \)

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**SD24.** Did it result in an injury or poisoning?

YES........................................ 1  \( \text{GO TO *SD27} \)

NO.............................................. 5  \( \text{GO TO *SD27} \)

DON'T KNOW .............. 8  \( \text{GO TO *SD27} \)

REFUSED .................. 9  \( \text{GO TO *SD27} \)
*SD25. Did it require medical attention?

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</tr>
<tr>
<td>DON'T KNOW</td>
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<td>REFUSED</td>
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GO TO *SD27

*SD26. Did it require overnight hospitalization?

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</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
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</table>

*SD27. There are three statements I will read out loud. Please tell me which of these three statements best describes your situation when you attempted suicide (the last time) – one, two, or three?

- “One, I made a serious attempt to kill myself and it was only luck that I did not succeed.”
- “Two, I tried to kill myself, but knew that the method was not fool-proof.”
- “Three, my attempt was a cry for help, I did not intend to die.”

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<th>Statement</th>
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<tr>
<td>I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF</td>
<td>2</td>
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<tr>
<td>MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE</td>
<td>3</td>
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<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
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<td>REFUSED</td>
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*SD28. INTERVIEWER CHECKPOINT: (SEE *SD23)

- *SD23 EQUALS ‘1’............................................. 1
- ALL OTHERS................................................... 2

GO TO *SU1, NEXT SECTION

*SD29. (RB, PG 13) What method did you use? DO NOT READ LIST

- A. GUN............................................................................................................ 1
- B. RAZOR, KNIFE OR OTHER SHARP INSTRUMENT............................................... 2
- C. OVERDOSE OF PRESCRIPTION MEDICATIONS.................................................... 3
- D. OVERDOSE OF OVER-THE-COUNTER MEDICATIONS.............................................. 4
- E. OVERDOSE OF OTHER DRUG (E.G. HEROIN, CRACK, ALCOHOL)............................ 5
- F. POISONING (E.G. CARBON MONOXIDE, RAT POISON)....................................... 6
- G. HANGING, STRANGLATION, SUFOCATION......................................................... 7
- H. DROWNING.................................................................................................... 8
- I. JUMPING FROM HIGH PLACES......................................................................... 9
- J. MOTOR VEHICLE CRASH.................................................................................. 10
- K. OTHER (PLEASE DESCRIBE).......................................................................... 11

DON'T KNOW ........................................................................................................ 98

REFUSED ............................................................................................................. 99

GO TO *SU1, NEXT SECTION