SUICIDALITY (SD)

*SD1. INTERVIEWER CHECKPOINT:

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

*SD2. (RB, PG 20) Three experiences are listed in your booklet on page 20 labeled A, B, and C. Did experience A ever happen to you?

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

YES.................................1  GO TO *SD2a
NO.................................5  GO TO *SR1, NEXT SECTION
DON'T KNOW.......................8  GO TO *SR1, NEXT SECTION
REFUSED.........................9  GO TO *SR1, 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 20) Now look at the second of the three experiences on the list, Experience B. Did experience B ever happen to you?

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

YES.................................1  GO TO *SD6
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 20) Now look at the third of the three experiences on the list, Experience C. Did experience C ever happen to you?

INTERVIEWER: EXPERIENCE C IS ‘YOU ATTEMPTED SUICIDE’

YES.....................................1   GO TO *SR1, NEXT SECTION
NO.....................................5   GO TO *SR1, NEXT SECTION
DON'T KNOW.........................8   GO TO *SR1, NEXT SECTION
REFUSED.............................9   GO TO *SR1, 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 21) There are three statements numbered 1, 2, and 3 on of page 21 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
REFUSED.........................................9

*SD12. Did it require medical attention?

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

*SD13. Did it require overnight hospitalization?

YES..............................................1
NO..................................................5
DON’T KNOW..............................8
REFUSED.........................................9
*SD14.  (RB, PG 21) Looking at page 21 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

*SD14.1. INTERVIEWER CHECKPOINT:  (SEE *SD10)

*SD10 EQUALS ‘1’ .............................................................................1

ALL OTHERS .....................................................................................2  GO TO *SR1, NEXT SECTION

*SD14.2. (RB, PG 22) 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, SUFFOCATION ..............................................................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 *SR1, NEXT SECTION

*SD15. The next few questions are about thoughts of hurting yourself. Have you ever seriously thought about committing suicide?

YES .................................................................1

NO ...............................................................5  GO TO *SR1, NEXT SECTION

DON’T KNOW .....................................................8  GO TO *SR1, NEXT SECTION

REFUSED ..........................................................9  GO TO *SR1, NEXT SECTION

*SD15a. 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 ever made a plan for committing suicide?

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. Have you ever attempted suicide?

YES.................................1
NO....................................5  GO TO *SR1, NEXT SECTION
DON'T KNOW.......................8  GO TO *SR1, NEXT SECTION
REFUSED............................9  GO TO *SR1, 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  GO TO *SD23
ALL OTHERS ......................................................... 2

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

_________ YEARS OLD

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

**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

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

YES .....................................................1  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  GO TO *SD27

DON’T KNOW .........................998  GO TO *SD27
REFUSED .................................999  GO TO *SD27

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

YES ..................................................1  GO TO *SD27
NO ...................................................5  GO TO *SD27
DON’T KNOW ...............................8  GO TO *SD27
REFUSED .................................................9  GO TO *SD27
*SD25. Did it require medical attention?

YES........................................1
NO .............................................5  GO TO *SD27
DON’T KNOW .....................8  GO TO *SD27
REFUSED ............................9  GO TO *SD27

*SD26. Did it require overnight hospitalization?

YES........................................1
NO .............................................5
DON’T KNOW .....................8
REFUSED ............................9

*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.”

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

*SD28. INTERVIEWER CHECKPOINT: (SEE *SD23)

*SD23 EQUALS ‘1’ ................................. 1
ALL OTHERS ............................................. 2  GO TO *SR1, NEXT SECTION

*SD29. (RB, PG 22) 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, 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 *SR1, NEXT SECTION