Suicide Risk Screener

What is the asQ?

The Ask Suicide-Screening Questions (asQ) tool is a brief validated tool for use among both youth and adults. The asQ is a set of four screening questions that takes 20 seconds to administer. In an NIMH study, a “yes” response to one or more of the four questions identified 97% of youth (aged 10 to 21 years) at risk for suicide. Led by the NIMH, a multisite research study has now demonstrated that the ASQ is also a valid screening tool for adult medical patients. By enabling early identification and assessment of medical patients at high risk for suicide, the ASQ toolkit can play a key role in suicide prevention.

Link(s) to Screener(s)

screening_tool_asq_nimh_toolkit.pdf (nih.gov)

How to use it / Who should administer

Recommended age is 8 and up. The survey is typically administered verbally by a nurse or other professional. For screening youth, it is recommended that screening be conducted without the parent/guardian present. Refer to the nursing script for guidance on requesting that the parent/guardian leave the room during screening. If the parent/guardian refuses to leave or the child insists that they stay, conduct the screening with the parent/guardian present. For all patients, any other visitors in the room should be asked to leave the room during screening.

How to interpret / Next steps

Video example of using tool in practice


How to use it / Who should administer

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If a patient answers “no” to questions 1-4, the screening is complete and no interventions are necessary.

If a patient answers “yes” to ANY of the first four questions, or refuses to give an answer, they are considered positive screens. To determine next steps, ask question #5.

<table>
<thead>
<tr>
<th>If “yes” to question 5</th>
<th>If “no” to question 5</th>
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</thead>
<tbody>
<tr>
<td>Acute positive screen (intermediate risk identified)</td>
<td>Non-acute positive screen (potential risk identified)</td>
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<tr>
<td>Patient requires a STAT safety/full mental health eval</td>
<td>Patient requires a brief suicide safety assessment to determine if a full mental health eval is required</td>
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<tr>
<td>Patient cannot leave until evaluated for safety</td>
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<tr>
<td>Keep patient in sight and remove all hazardous objects from room. Alert physician or clinician responsible for patient’s care.</td>
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Sources: