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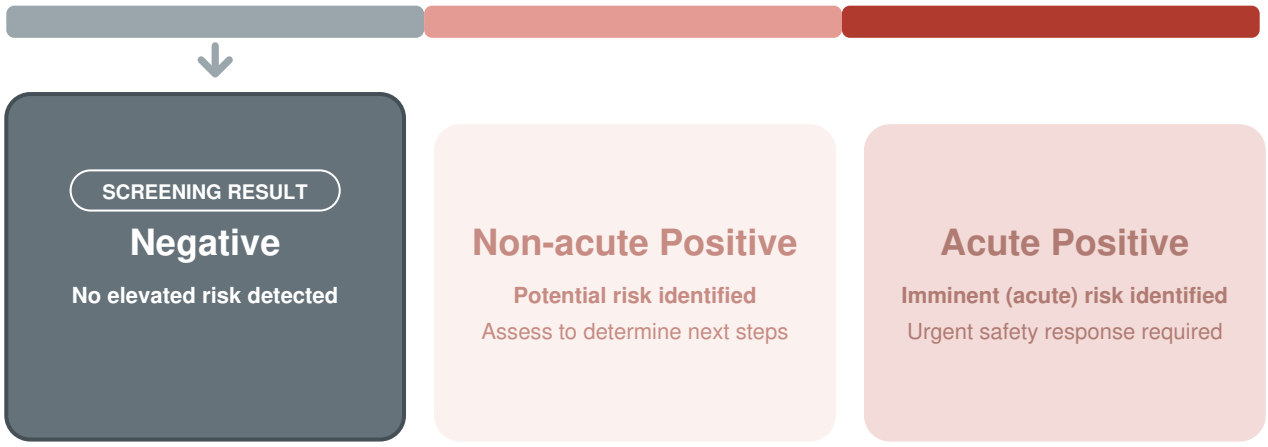
Ask Suicide-Screening Questions (asQ)

Client Name	Generic Jenny	*Date administered*	25 Jun 2026
Date of birth (age)	1 Jan 1900 (126)	*Time taken*	15s
Assessor	Joseph Phillips		

asQ Suicide Screening Result



Interpretation

The Ask Suicide-Screening Questions (asQ) was administered on 25 June 2026. The respondent's pattern of responses resulted in a **negative screen**.

Client Responses

		Yes	No
1	In the past few weeks, have you wished you were dead?	**1**	**0**
2	In the past few weeks, have you felt that you or your family would be better off if you were dead?	**1**	**0**
3	In the past week, have you been having thoughts about killing yourself?	**1**	**0**
4	Have you ever tried to kill yourself?	**1**	**0**

If yes, when was the most recent attempt?

Not Completed

	Within the last 12 months	Over 1 year ago
If yes, within the last 12 months or over 1 year ago?	1	0

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		Yes	No
5	If patient answers Yes to any of Questions #1 through #4, ask the following acuity question: 5. Are you having thoughts of killing yourself right now?	1	0
	If yes, describe briefly:		
	Not Completed		

Scoring and Interpretation Information

For comprehensive information on the asQ, see here.

asQ Scoring
The asQ is not scored on a numerical scale. There is no total score, and no percentile or normative comparison applies. Each of the four core items is answered ‘Yes’ or ‘No’ and two items carry conditional follow-ups:
- Item 4 ("Have you ever tried to kill yourself?") — if endorsed 'Yes,' two follow up questions are presented: a free-text field to enter when the most recent attempt occurred, and a categorical selection recording it as either within the last 12 months or over one year ago.
- Item 5, the acuity item — administered only when 'Yes' is endorsed to any of items 1 through 4. If item 5 is endorsed 'Yes,' a free-text follow-up ("Describe briefly") is presented.

asQ Screen Result Categories
The asQ produces one of three results:
- A Negative screen is a ‘No’ response to all four core items (wish to be dead, perceived burdensomeness, active ideation, and past attempt). The 5th acuity item is not administered. This outcome suggests that no elevated risk of suicide is detected.
- A Non-acute positive screen is a ‘Yes’ to one or more core items along with a ‘No’ to the fifth (acuity) item. This outcome identifies potential suicide risk. Further clinical assessment (for example, a suicide safety assessment) is generally indicated to clarify the level of risk and determine next steps, guided by clinical judgment and a clinician's own protocols.
- An Acute positive screen is a ‘Yes’ to one or more core items and a ‘Yes’ to the fifth (acuity) item. This outcome identifies imminent (acute) risk. This is the highest-priority screen result and calls for an immediate response.

NIMH asQ Toolkit (www.nimh.nih.gov/asQ). Clinicians who would like more detailed guidance on responding to each screen result can refer to the NIMH asQ Toolkit. It is a freely available resource that outlines suggested next steps, along with administration scripts, screening pathways for a range of settings, a Brief Suicide Safety Assessment (BSSA), and other guidance. These materials may be used as they are, alongside existing processes, or as a starting point for developing protocols.

Item 4 Interpretation Considerations. The developers note that the single most common positive presentation is a ‘Yes’ to the lifetime-attempt item alone, accounting for between a third and a half of positive screens (IHSgov, 2025). Recency is therefore important to capture, as a remote past attempt with no current ideation may carry a different clinical meaning from a recent one.

Does a positive screen predict future suicide risk? Most research on the asQ shows that it agrees with longer structured suicide risk assessments at the time of screening. A smaller body of evidence goes further and shows that a positive asQ screen (i.e., a 'Yes' to any of the four

core items, regardless of the acuity item) also predicts suicide-related outcomes later on. In a paediatric emergency department study, the asQ identified 93% of the young people who went on to return to the ED with a suicide-related problem within the following six months — including many who had originally presented for something unrelated (Ballard et al., 2017). In a larger study of 15,003 young people aged 8–18, those who screened positive were roughly five to seven times more likely to have a later suicide-related hospital visit than those who screened negative (hazard ratios of 4.8 to 6.8, depending on whether all patients or only selected patients were screened; DeVylder et al., 2019). In other words, a positive asQ is not just an accurate snapshot of current risk. It also flags young people at greater risk of suicide-related difficulties in the months that follow. This predictive evidence currently comes from paediatric and emergency settings, so it is strongest for youth in medical settings.

asQ Report of Results
On a single administration, the report presents the screen result as one of the three defined categories (negative, non-acute positive, or acute positive). If the response to item 4 was ‘Yes,’ the results will note whether the most recent suicide attempt occurred within the last 12 months or over a year ago.
On repeat administration, the report presents the current result in the same way. Additionally, there is a display of screen results over time, plotting each administration as a discrete marker so that shifts between negative, non-acute positive, and acute positive status are visible at a glance. This graph serves as a record of risk status across screenings, ordered by acuity, rather than as a measure of symptom change; no change score is calculated.
Beyond the overall screen result, a review of individual item responses is important, in particular, the free-text responses to items 4 and 5. Item 4's follow-up prompts (when the most recent attempt occurred) and item 5's description of current suicidal thoughts provide context that the screen category alone cannot convey, helping to establish acuity and determine appropriate next steps.