

Are you in crisis?

Suicide Risk Screening		
1. Have you wished you were dead or that you could go to sleep and not wake up?	YES	NO
2. Have you had thoughts about killing yourself?	YES	NO
3. Have you thought about how you might kill yourself?	YES	NO
4. Have you had any intention of acting on your thoughts, as opposed to just thinking about it?	YES	NO (High Risk)
5. Have you started to work out details of how to kill yourself?	YES	NO (High Risk)
6. Have you done anything to end your life, or made any plans to end it? (Collected pills, gotten a gun, wrote a note, cut yourself, etc.)	YES	NO (High Risk)

If you answered “yes” to 1, 2 or 3, but “no” to the others, you should get mental health support. Use one of these free resources or visit the website.

If you answered “yes” to 4, 5 or 6, seek IMMEDIATE assistance using the resources below.

FIND SUPPORT

CALL A PEER 775-241-4212

TEXT A PEER 775-296-8336

LGBTQIA+ CALL 1-866-488-7386 or
TEXT “START” TO 678678

GET HELP NOW

CALL 988

TEXT “CARE” TO 839863

Or **visit an emergency room**

Learn more at
MentalHealthResourcesNV.org



Adapted from the Columbia-Suicide Severity Rating Scale