

## Exploring Risk in Research Interviews

Participant ID code:

PHQ-9 Score:

**PHQ-9 probing question:** “Can you tell me more about why you answered (several days\* / more than half the days\* / nearly every day\*<sup>delete</sup>) to ‘Thoughts that you would be better off dead, or of hurting yourself in some way’?”

Details of disclosed thoughts (please record verbatim as far as possible)

### **Plans**

1. Do you know how you would kill yourself?

If **Yes** – details

Yes / No

2. Have you made any actual plans to end your life?

If **Yes** – details

Yes / No

### **Actions**

3. Have you made any actual preparations to kill yourself?

If **Yes** – details

Yes / No

4. Have you ever attempted suicide in the past?

If **Yes** – details

Yes / No

### **Prevention**

5. Is there anything stopping you killing or harming yourself at the moment?

If **Yes** – details

Yes / No

6. Do you feel that there is any immediate danger that you will harm or kill yourself?

If **Yes** – details

Yes / No

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**Researcher name:**

**Researcher signature:**

**Date:**



**Participant Suicide Intention Form**

The participant below has expressed thoughts of suicidal intent / self-harm on the PHQ-9 of a questionnaire or during their diagnostic interview.

**Participant ID code:**

**Risk of Suicide / Self-harm identified from**

Question 9 of PHQ-9 on a questionnaire	3 ( <i>nearly every day</i> )	<input type="checkbox"/>
	2 ( <i>more than half the days</i> )	<input type="checkbox"/>
	1 ( <i>several days</i> )	<input type="checkbox"/>
Question 9 of PHQ-9 during diagnostic interview	3 ( <i>nearly every day</i> )	<input type="checkbox"/>
	2 ( <i>more than half the days</i> )	<input type="checkbox"/>
	1 ( <i>several days</i> )	<input type="checkbox"/>
Question 3g of MINI during diagnostic interview	'Yes' to past two weeks (not to past episode)	<input type="checkbox"/>

**Summary of how procedure was enacted**

*(Which clinician gave advice, what advice was given, was risk judged as passive or active? If advised to contact GP – name of practice, name of GP spoken to, date etc.)*

**Researcher name:**

**Researcher signature:**

**Date:**

**Local clinical lead name:**

**Local clinical lead signature:**

**Date:**