

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^{*delete*}) 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

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: