**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Adult CAGE-AID Questionnaire***

1.) Have you ***ever*** felt you should CUT DOWN on drinking or drug use? \_\_\_ Yes. \_\_\_ No.

2.) Have people ANNOYED you by criticizing or complaining about your drinking or drug use? \_\_\_ Yes. \_\_\_ No.

3.) Have you ever felt bad or GUILTY about your drinking or drug use? \_\_\_ Yes. \_\_\_ No.

4.) Have you ever had a drink or drug in the morning (EYE OPENER) to steady your nerves or get rid of a hangover?

\_\_\_ Yes. \_\_\_ No.

Remarks (optional):

***SBQ-R Suicidal Behaviors Questionnaire-Revised***

A.) Have you ***ever*** thought about or attempted to kill yourself?

\_\_\_ [1] Never.

\_\_\_ [2] It was just a brief passing thought.

\_\_\_ [3b] I have had a plan at least once to kill myself and really wanted to die.

\_\_\_ [4a] I have attempted to kill myself, but did not want to die.

\_\_\_ [4b] I have attempted to kill myself and really hoped to die.

2.) How often have you thought about killing yourself in the past year?

\_\_\_ [1] Never.

\_\_\_ [2] Rarely (1 time).

\_\_\_ [3] Sometimes (2 times).

\_\_\_ [4] Often (3-4 times).

\_\_\_ [5] Very often (5 or more times).

3.) Have you ever told someone that you were going to commit suicide or that you might do it?

\_\_\_ [1] No.

\_\_\_ [2a] Yes, at one time, but did not really want to die.

\_\_\_ [2b] Yes, at one time, and really wanted to die.

\_\_\_ [3a] Yes, more than once, but did not want to do it.

\_\_\_ [3b] Yes, more than once, and really wanted to do it.

4.) How likely is it that you will attempt suicide someday?

\_\_\_ [1] No chance at all.

\_\_\_ [2] Rather unlikely.

\_\_\_ [3] Unlikely.

\_\_\_ [4] Likely.

\_\_\_ [5] Rather likely.

\_\_\_ [6] Very likely.

Remarks (optional):