

Concise Health Risk Tracking (CHRT) - Clinician Rated Behavioral Module

Ask patient the questions in bold. Please rate the patient's behavior over the past week.

This last week, did you harm or injure yourself in any way?

If Yes: ***Can you tell me what happened? Was this an accident or on purpose?***

If On Purpose: ***Why did you _____? Were you trying to kill yourself when you _____?***

- | | NO | YES |
|---|--------------------------|--------------------------|
| 15. Suicide Attempt | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Patient made a suicide attempt (i.e. they engaged in a potentially self-injurious behavior associated with intent to die. Intent can be stated by patient or inferred by rater).</i> | | |
| 16. Self-injurious behavior – No Intent to Die | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Purposeful self-injurious behavior where there is no intent to die.</i> | | |
| 17. Self-injurious behavior - Unknown Intent | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Purposeful self-injurious behavior where associated intent to die is unknown and cannot be inferred.</i> | | |
| 18. Other Injury | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Other not purposeful injury (accidental, psychiatric, medical), no deliberate self-harm</i> | | |

This last week, have you done anything to prepare yourself for suicide or take any steps towards killing yourself?

If Yes: ***What did you do? Were you thinking about killing yourself when you _____?***

Did you stop yourself, or did someone else stop you before you harmed yourself?

- | | NO | YES |
|---|--------------------------|--------------------------|
| 19. Preparatory Acts | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Patient is making preparatory acts toward imminent suicidal behavior (Person takes steps to injure self but is stopped by self or others. Intent to die is either stated by patient or inferred by rater).</i> | | |
| 20. Completed Suicide | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Confirmed (i.e. Coroner's report, suicide note, other collateral information)</i> | | |
| 21. Death (not enough information to classify as suicide) | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Nonfatal Injury (not enough information to classify) | <input type="checkbox"/> | <input type="checkbox"/> |