Code : Removed

Client Name: Removed
Therapist on case: **Removed**
Session plan:
Case Status: Active/On Hold/Close

## Session Summary (Therapist)

| Session No. | Date (Therapist) | Therapy | Deposit (Before the session) | Session amount (deduction) | Balance after the session |
|---|---|---|---|---|---|
| 1 | 06/11/2025 (Removed) | ITQ done - talks a lot | 16000 | 3000 | 13000 |
| VS1 | 31/10/2025 (Removed) | EFT on Frustration | 18000 | 2000 | 16000 |
| 0 | 04/10/2025 (Removed) | Consultation | 7000 | 7000 | 0 |

## Scores:

### Main Scores

| Scores Classification | Poor WHO (0-51) | Minimal (0-4) | Minimal (0-20) | Minimal (0-7) |
|---|---|---|---|---|
| | | Mild (5-9) | Mild (21-25) | Mild (8-14) |
| | Good WHO (52-100) | Moderate (10-14) | Moderate (26-30) | Moderate (15-21) |
| | | Severe (15-21) | Severe (31-50) | Severe (22-28) |

| **Date** | **Wellbeing** | **Anxiety** | **Depression** | **Insomnia** |
|---|---|---|---|---|
| 30/09/2025 | 28 | 6 | 40 | 21 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Self-Assessment Scores

| Date | Resilience | Social Support | Loneliness |
|---|---|---|---|
| 01/10/2025 | 1.5 | 11.0 | 8.0 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## International Trauma Score (ITQ)

| Date | PTSD | DSO | CPTSD | Assessment |
|---|---|---|---|---|
| 06/11/2025 | 14 | 20 | 34 | CPTSD |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Payment Details: Removed

Session Notes

Removed

Graphs

N/AConsultation Notes

| Wellbeing | Anxiety | Depression | Insomnia | Resilience | Social Support | Loneliness | ACE | PCE |
|---|---|---|---|---|---|---|---|---|
| 28 | 6 | 40 | 21 | 1.50 | 11 | 8 | 7 | 3 |
| Poor | Mild | Severe | Moderate | Low | Moderate | High | Very High | Moderate |

| ACE Revison | ACE Qualitative | Consent | Code Master Status |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☑ | ☐ |

| Recommeded Next Steps |
|---|
| |

| Initials |
|---|
| |

→ KV can start → wants offline sessions

C-PTSD

RTM (doesn't like to talk a lot)

(talks a lot!!)
Explains a lot

1 st work on marital issues

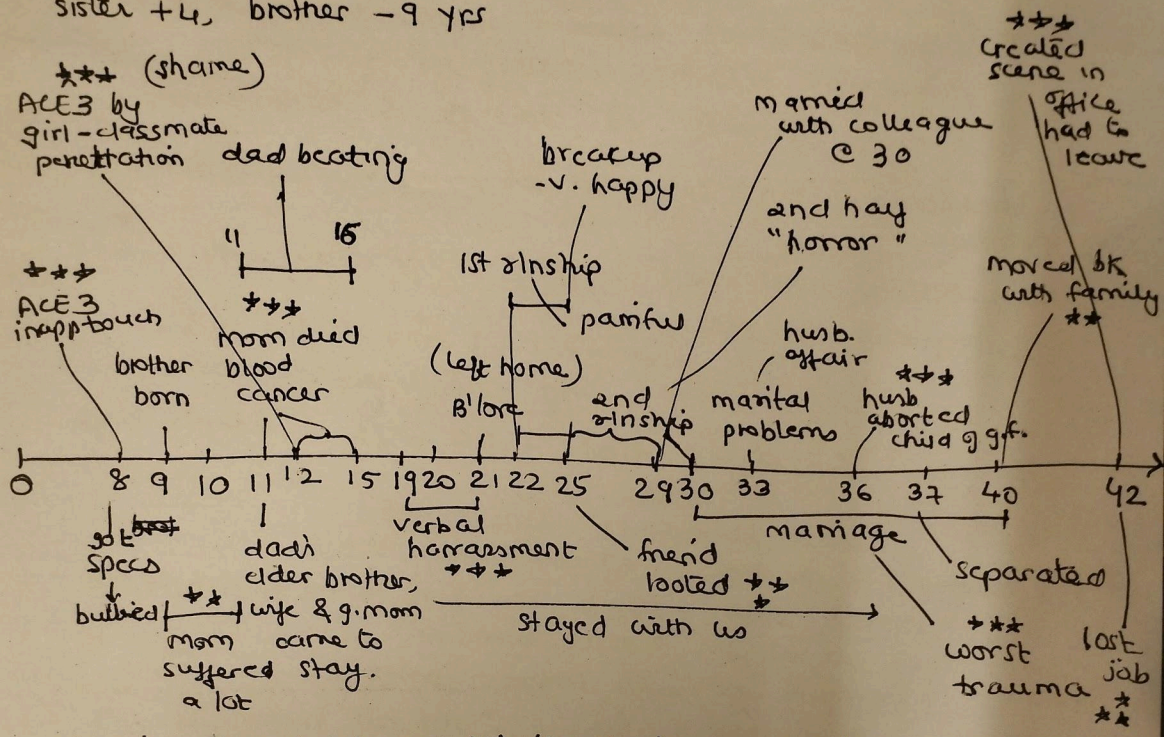
→ Husbands betrayal
C-PTSD - RTM

office episode - RTM

PLR - ? - deceit

Lost childhood so positive IC work
+ M2 reqd

- Last year taken therapy - white elephant clinic
  somatic healing
- Low energy
- dad - accountant, mom - housewife
  sister +4, brother -9 yrs




→ Bullied in school - would throw stones at kids who teased me
  I had specs - would tease me
→ Caretaker to my brother @ 11 - could not be a child
→ I had lot of anger - I had to become adult for brother
→ Father used to beat & pinch me
→ Mom - open minded - dad was demanding
→ I never feel sense of belonging - I didnt fit in
  " my sister & brother fit in, get along, why I dont get along with my own family ? "
→ Financial difficulties after mom's death.
→ Always heard 'no' from all adults who were very anxious
→ Authority issues - Rebellious

wellness space
Transforming Individuals & Teams

→ Parents want boy - 'Narayana'. I came - 'Narayani'

my father saw me & sister only as a 'responsibility' to be married off

I wondered why my brother was treated differently

→ In college @ 19 major trauma happened
2 yrs I felt targetted - verbally abused

→ Constant fear & threat by friend

→ 1st rlnship - 2 yrs - he was not serious, emotional distance

↓

→ 2-3 months colleague stayed with us - looted money & left us abruptly

↓

could not forgive for long time
back stabbed first time

2nd rlnship - 25 ~ 29 - both boyfriends muslims
v. deep.
Ego, silence, emotional distance
didnt know how to break up - suffered 1 yr

marriage @ 30 - problems started after 3 yrs.
husband forced me to do night shift work
- Extra marital affair of husband

MIL supported her son - I didnot say anything to family

↓

I failed again (TOXIC SHAME)

wellness space
Transforming Individuals & Teams

→ Current Issues = Has taken therapy prior which did not seem to work out. (Went for somatic experiences).

→ Severe sleep issues and crooked sleeping patterns.

(*) Mentioned that she doesn't like talking, mentioned "TRAUMA".

↳ Currently feels too drained and mentally exhausted.

→ 1 Brother = 9 year younger  Sister = +

→ Nuclear – Joint Family came forward to help them when mother passed away.

→ ACE 1 = Emotional Abuse by father.

→ After mothers death, father gave responsibility of taking care of brother. (Sister was more casual about it).

→ Mother's death when client was 11yr old.

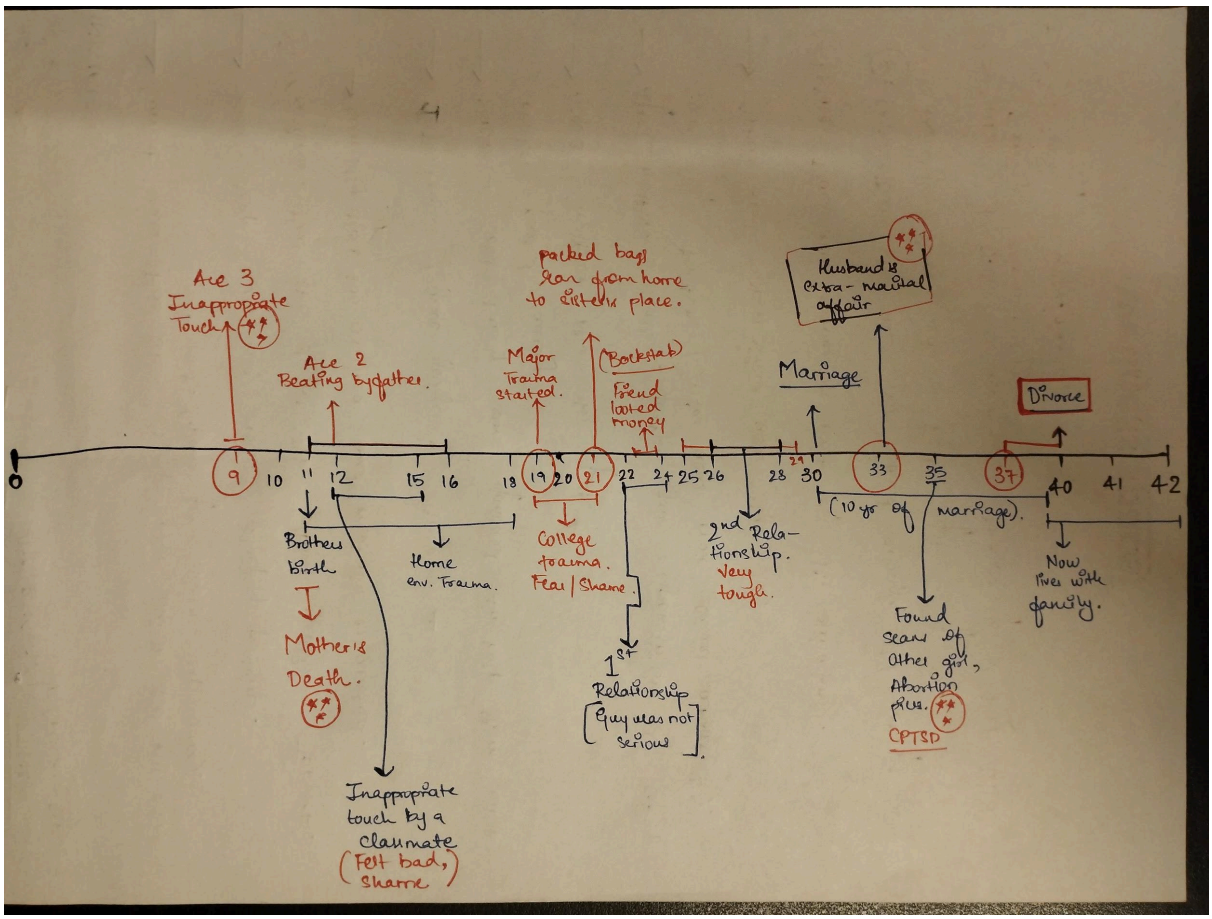
(*) Note = Does not remember most of the childhood.

(*) Felt that she was not loved enough, did not fit into family, sister was a better fit in family.

→ Father had Orthodox mentality. (Prayed for a boy child). (Marriage – responsibility).

→ Bullied for specs/glasses).

wellness space
Transforming Individuals & Teams


4
Age 3
Inappropriate Touch
Age 2
Beating by father.
Major Trauma started.
packed bags
ran from home
to sister's place.
(Backstab)
Friend looted money
Marriage
Husband is extra-marital affair
Divorce
0
9
10
11
12
15
16
18
19
20
21
22
24
25
26
28
29
30
33
35
37
40
41
42
Brother's birth
Mother's Death.
Home env. Trauma.
College trauma.
Fear / Shame.
1st Relationship
[Guy was not serious]
2nd Rela-tionship.
Very tough.
(10 yr of marriage).
Found scars of other girl, Abortion pills.
CPTSD
Now lives with family.
Inappropriate touch by a classmate
(Felt bad, shame)

→ "If someone threatens me or shames me, I feel very- very ashamed".

→ She was talking to a professor, her friend shamed her critically, turned the class against her, manipulated her. Whole class made fun of her.

↳ "College life was very painful"
"I was like a prey"

↳ She told that she talked to this guy, in fear or shame.

→ Constant pressure of marriage "I have fear of marrying someone new".

→ 22 - 24 = 1st Relationship, the guy was too aloof, 2 yrs. were too painful. (They were in Live - In for 1 yr).
(He was muslim)

↳ They hated her friend from office to live with them, he looted money and items. (First - backstabbing, was 2 days of crying).

→ 25 - 29 = Horror relationship, ego, silence, fights. (Did not know how to break up).
(He is muslim) (Continued for 1yr).

→ Both these 2 relationships, family was not aware about it.

→ 30 - 40 = 10 years of marriage. Most traumatic period. It was mental/emotional abuse. In 3 years of marriage the problems began.
(Same Cast)

(*) Problem =

A) She had to work night shift

B) He cheated on her with another girl on office

C) MIL supported her son, was too broken, did not share anything to the family.

wellness space
Transforming Individuals & Teams

→ OFFICE INCIDENT = Had to achieve a target score, she did yet, she was fired from the job.
(Felt decieved professionally).

↳ Now, currently is mentally drained, exhausted completely.

# Senior therapist required but rather has financial constraints.
# Complex case # Trust issues # Responsibilities # Betrayals.
# marital trauma. @KV based in Coimbatore she can go.

→ "I came back home as a failure"

"I have basic expectations, I am a minimalist"

# Complexity Assessment

#emotional abuse #physical abuse #sexual abuse #emotional neglect #peer bullying/victimization #peer isolation #parents fighting #physical neglect #poverty #mental health in household #addiction #irrational decisions #suicidal thoughts #fear/phobia #lack of focus #sleep issues #relationship problems #headache/migraine #anger issues #violent family environment

**Summary-** The client is a 42 years old divorced woman, and approached us with severe sleep issues and crooked sleep patterns, exhaustion and feeling drained. The self assessment forms indicated poor well being (28), mild anxiety (6), severe depression (40) and moderate insomnia (21). The ACE score is 10 which is very high. The client had brief passing suicidal thought.

Recommendation: TIC, ITQ assessment (PTSD symptoms, suicide behavior)

Assessment of therapeutic complexity (Very high / High / Medium / Low)

| # | Aspect | Yes / No | Comments |
|---|---|---|---|
| 1 | High ACE Score (>=7) | Yes | Ace score: 10 |
| 2 | Suicidal Behaviour | Yes | Brief passing thought |
| **Any three of the below:** | | | |
| 3 | Self Harm | No | |
| | Irrational Decisions | Yes | Marriage, and running away from home |
| | Violence Towards Others Or Violent Family Environment | Yes | Verbally abusive + witnessed violence in house |
| | Relationship Issues (Parents) | Yes | Strained with father |
| | Psychiatric Medication History | No | |
| **Any One of the Below:** | | | |
| 4 | Depression >= 26 | Yes | Severe (40) |
| | Anxiety > = 14 | No | |
| | Insomnia >= 15 | Yes | Moderate (21) |
| **Overall Complexity Score: 4 (High) Suicide risk is low as SBQR score is 6.** | | | |

| |
|---|
| Ready to Proceed ?: (Yes/No/Psychiatrist Consultation) |
| Reason : (If no please mention reason) |
| Therapist Signature:<br>Based on the therapist's consultation notes, the psychologist recommends that the client is suitable for further therapy.<br>Psychologist Signature: |

**Client History And Family Background:**

The client has been feeling very low on energy and anxious for a long time. She had taken somatic healing therapy earlier at the White Elephant Clinic. Her childhood was difficult — her father was very strict and often hit her, while her mother was emotionally distant and later became sick with cancer. She had to take care of her

younger brother from an early age, which made her grow up fast and miss out on a normal childhood. She was bullied in school and often felt she didn't belong anywhere, which made her angry and rebellious.As an adult, she faced many painful experiences — a breakup, an unhappy marriage with infidelity and an abortion, separation from her husband, and financial and job struggles. She has often felt rejected and unsupported, both by family and others. These repeated hurts have left her feeling drained, unwanted, and unsure of herself. Even now, she struggles with low confidence, strained family ties, and a deep sense of sadness and emotional fatigue.

**ACE:**

| ACEs (14) | 10 | 24 |
|---|---|---|
| Childhood Maltreatment | 7 | 16 |
| Emotional Abuse | 1 | 4 |
| Physical Abuse | 1 | 2 |
| Sexual Abuse | 1 | 1 |
| Emotional Neglect | 1 | 4 |
| Peer Bullying/Victimization | 1 | 1 |
| Peer Rejection/Isolation | 1 | 2 |
| Parents Fighting | 1 | 2 |
| Resource Scarcity & Env. | 2 | 6 |
| Physical Neglect | 1 | 4 |
| Dangerous | 0 | 0 |
| Poverty | 1 | 2 |
| Household Challenges | 1 | 2 |
| Parents Separation | 0 | 0 |
| Domestic Violence | 0 | 0 |
| Addiction In Household | 0 | 0 |
| Parental Mental Health | 1 | 2 |

**ACE Qualitative:** The client has a smoking addiction for 20 years, and never tried quitting. She also smokes vape. She considers her marriage as an irrational decision, as well as running away from home. She has had suicidal thoughts and threatened to die with knife 2-3 times during marriage. She has a fear of abandonment and claustrophobia. She has had trouble focusing and concentrating on daily life tasks for 2 years. She's facing sleep issues and has a very disturbed schedule. She has a strained relationship with her father. She experiences headaches frequently due to sinus. She has anger issues and is verbally abusive. She grew up in a violent family environment, as she got beaten up by father and also witnessed siblings get beaten up.

Medical history : N/A

Additional Assessments :
**SBQR:** Suicide screening was done as client mentioned suicidal thoughts, the score is 6 which indicates low suicide risk.

## Client Confidential Questionnaire

| Client Code | Removed |
|---|---|

| | |
|---|---|
| Name | Removed |
| Gender | Removed |
| Mobile no. | Removed |
| Emergency Contact | Removed |
| Address | Removed |
| Email Address | Removed |
| Date of Birth | Removed |
| Age | Removed |
| Marital Status | Removed |
| Married Since | Removed |
| Family Details (members staying with you, kids etc.) | Removed |
| Current Occupation | Removed |
| Do you experience any compulsive tendencies? List any fears or phobias you have. | Sudden loud noise, claustrophobic |
| Any chronic illness such as diabetes, blood pressure, hormone imbalance etc.? | Not Sure |
| Please specify if any Chronic Illnesses | |
| Are you currently on any regular medication? eg. BP, Diabetes, Thyroid etc. | If yes, please mention which: |
| Please specify if any regular medication | Calcium and Vitamin D supplements |
| Do you have any past history of psychiatric medications? | No |
| Please specify if any history of Psychiatric medications | |
| Do you have any history of hospitalization? | No |
| Please specify if any history of hospitalization | |
| Are you currently experiencing any of the following? (Please check all that apply) | Cigarette Smoking, Poor Memory, Recent Divorce/Separation, Childhood Trauma, Low Self-Esteem, Lack of Energy, Abusive Work Situation, Lack of Success |
| Please list any major operation or traumatic life events you have had. (divorce, death, accident, relocation, losing a loved one, etc.) NOT covered in above. | As far as I am aware, minimum 5 traumas, divorce is just a physical process but the different stages of the relationship is painful |
| Have you taken any therapy or coaching before? If yes, what kind/modality? | Offline osteopathy sessions |
| What was the purpose of taking therapy? Did you achieve anything from the process? Please elaborate. | I felt too disinterested, disengaging in life after my divorce. I felt my emotions burdening me way too much. I wanted a therapy with less talking and no medication. So I went to the white elephant clinic in Indiranagar Bangalore for almost 2 months. But due to family emergency situations, I had to discontinue it. |

| | |
|---|---|
| Describe in your own words what you'd like to accomplish with therapy from Wellness Space, and how do you expect your life to change once you accomplish it. | To be honest, as of now I don't know what I need. Yet I am very clear on what I don't need. I am too tired and exhausted mentally and physically. My energy is completed drained off. My past emotions are burdening me and need a way to come on good terms with it and let it go. I dono how to do it. Need help. I am just living physically with present. Mental space is completely blank and I have been living like this for a few years now. Only after I sort these, I can think of a future. Lots and lots more to tell but I feel drained everytime I talk about it. So I think what I mentioned above is just a tip of the iceberg. |
| How did you hear about us? | Google |
| Today's Date | 30-Sep-25 |

ACE Form

| ACE Questionnaire (10+6) | | Removed | |
|---|---|---|---|
| **ACE** | **Question (IF Response=1, Please put scale of 0 to 4. (0=Never, 1= rarely, 2=Sometimes, 3=Frequently, 4=Very frequently)** | **Response** | **Frequency** |
| 1 | Did a parent or other adult in the household often, Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt? | 1 | 4 |
| 2 | Did a parent or other adult in the household often, Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured? | 0(revise to1) | 2 |
| 3 | Did an adult or person at least 5 years older than you ever, Touch or fondle you or have you touch their body in a sexual way? Try to or actually have oral, anal, or vaginal sex with you? | 1 | 1 |
| 4 | Did you often feel that No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other? | 1 | 4 |
| 5 | Did you often feel that You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? | 0(revise to1 | 4 |
| 6 | Were your parents ever separated or divorced? | 0 | |
| 7 | Was your mother or stepmother, Often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? | 0 | |
| 8 | Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? | 0 | |
| 9 | Was a household member depressed or mentally ill or did a household member attempt suicide? | 1 | |
| 11 | Did you live for 2 or more years in a neighborhood that was dangerous, or where you saw people being assaulted? | 0 | |
| 13 | Did other kids, including brothers or sisters, often or very often hit you, threaten you, pick on you or insult you? | 0(revise to1 | 1 |
| 14 | Did you often or very often feel lonely, rejected or that nobody liked you (by peer group)? | 1 | 2 |
| 15 | Was there a period of 2 or more years when your family was very poor or on public assistance? | 1 | |
| 16 | Were your parents having physical/verbal fights all the time? | 0(revise to1 | 2 |
| **ACE Total (1-14)** | | **6**(revise to 10) | **0** |

| ACE | Question (IF Response=1, Please put scale of 0 to 4. (0=Never, 1= rarely, 2=Sometimes, 3=Frequently, 4=Very frequently) | Response | Frequency |
|---|---|---|---|
| 1 | Did a parent or other adult in the household often, Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt? father, teachers | 1 | 4 |
| 2 | Did a parent or other adult in the household often, Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured? father | 1 | 2 |
| 3 | Did an adult or person at least 5 years older than you ever, Touch or fondle you or have you touch their body in a sexual way? Try to or actually have oral, anal, or vaginal sex with you? once | 1 | 1 |
| 4 | Did you often feel that No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other? | 1 | 4 |
| 5 | Did you often feel that You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? | 1 | 4 |
| 6 | Were your parents ever separated or divorced? | 0 | |
| 7 | Was your mother or stepmother, Often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? | 0 | |
| 8 | Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? | 0 | |
| 9 | Was a household member depressed or mentally ill or did a household member attempt suicide? | 1 | |
| 11 | Did you live for 2 or more years in a neighborhood that was dangerous, or where you saw people being assaulted? | 0 | |
| 13 | Did other kids, including brothers or sisters, often or very often hit you, threaten you, pick on you or insult you? | 1 | 1 |
| 14 | Did you often or very often feel lonely, rejected or that nobody liked you (by peer group)? | 1 | 2 |
| 15 | Was there a period of 2 or more years when your family was very poor or on public assistance? | 1 | - |
| 16 | Were your parents having physical/verbal fights all the time? | ~~0~~ 1 | 2 |
| | **ACE Total (1-14)** | **6** | **0** |

10

# ACE Questionnaire

| # | Questions | Explore the details captured below via qualitative questions | Capture the answers below |
|---|---|---|---|
| 1 | How is your relationship with food? Describe your appetite? Are you eating less than Usual or more than usual? Any binge eating patterns? | Do you have an eating **disorder**? (Anorexia, bulimia, obesity).<br>Started at what age? | No(0) |
| 2 | Have you tried to harm yourself physically in the past or recently? | Have you attempted **Self Harm** – Cutting, Banging head, attempted suicide?<br>What age? How many times? | No(0) |
| 3 | Do you have a habit of smoking? | Are you a **Smoker**? For how long?<br>• Tried quitting? | Yes(1) Since 20 years.<br>Not tried quitting. Now. Vapes. |
| 4 | Do you have any substance dependency/addiction issues? | Other **Addictions** (since how long, frequency)<br>• Alcohol<br>• Recreational Drugs (weed, pot, marijuana) | Yes(1) Smoking, |
| 5 | Describe your decision-making skills? Include any irrational decision that impacted your life negatively? | Any **Irrational Decisions** that may have caused long term negative impact on your life? (e.g., choosing a location for study that is away from home even though you didn't like the subject and chose it just to get away from home) | Yes(1)<br>A) Marriage.<br>B) Running away from home.<br>C) |
| 6 | Have you experienced any suicidal thoughts in past or recently? | Do you get **Suicidal Thoughts**? Frequency? | Yes(1) Threatened to die with knife. 2-3 time during marriage. |
| 7 | Describe your fears and phobias if any? | Any irrational **Fears Or Phobias**. Identify the onset and check if it had started during an emotionally vulnerable phase?<br>• State General or Specific and Since how long? | Yes(1) Fear of abandonement<br>Claustrophobic. |
| 8 | Do you experience trouble while trying to focus or concentrate at work/college/school? | Any experience about not able to follow-through with studies and/or challenges with bosses or at workplace that negatively impacts the career. **(PAB)**<br>• Inability to **Focus or Concentrate**? | Yes(1) Brain Fog.<br>Since = Few years |

| | | | |
|---|---|---|---|
| 9 | Have you been diagnosed with any Chronic Health Conditions? For how long? | Identify any **Chronic Non-Psychiatric Disease,** capture any current or past **Medication's** usage.<br>• Onset<br>• Specify Medications No (0)<br>Identify any **Psychiatric Disease and Medications**<br>• Onset<br>• Medications No (0) | a) Autoimmune b) Diabetes c) PCOD d) Hormonal imbalance e) Fertility issues f) Irritable bowel syndrome g) Cholesterol h) Cardiovascular i) Thyroid<br>No (0) |
| 10 | Describe your sleeping pattern? | Do you have or had any **Sleep** quality issues? **Nightmares**? | Yes (1) Has disturbed schedule |
| 11 | Describe your relationship with your family and siblings? | How has been your **Relationship** with parents and siblings? (Capture not close, strained, etc) | Yes (1) Strained with father / Disturbed.<br>Siblings = Close. |
| 12 | Describe your relationship with your spouse and children | **Relationship with Spouse** and children (close, not close, intimacy, infidelity etc) | — |
| 13 | Please describe your sexuality | Any **Sexual Blockages**<br>• Also include if multiple partners at any point<br>• Include abortions, Unwanted pregnancies | Premature Ejaculation/ Erectile dysfunction/ Frigidity/ Vaginismus (automatic reaction to fear, tightening of muscles)/ Painful Intercourse / Fear of Penetration<br>No (0) |
| 14 | Do you experience Headaches or Migraines? | **Headaches or Migraines**?<br>• Since how long?<br>• Frequency & Intensity | Yes (1) Headaches due to Sinus.<br>Very frequently. |
| 15 | Do you get physically or verbally abusive towards others? | Are you **Physically Violent** with others? (Spouse, children, employees etc)<br>• **Verbally Abusive?**<br>• **Anger Issues** (frequency, Intensity) | Yes (1) Anger = 10/10.<br>Verbal = (9/10)<br>Physical = 1/10<br>Everyday/week<br>Rude / Harsh words. |
| 16 | How was your family environment while growing up? | Have you grown up in a **Violent Family Environment**? (Any cousins, siblings being physically abused or observed other members being abused)? | Yes (1) Beaten up by father, seen sibling getting beaten |
| 17 | How much time do you spend on Social Media everyday? | (<30 mins, 30-60 min, 1-2 Hrs, 2-3 Hrs, 4-5 Hrs, 6-7 Hrs, >10 Hrs)<br><br>If there is work and non-work break-down, pls get that (50-50 or 1 hour work, 2 hour personal) | 1 hr. / day. |

SBQR

**Instructions**: Please check the number beside the statement or phrase that best applies to you.

1. Have you ever thought about or attempted to kill yourself? (check only one)
   - ☐ 1. Never
   - ☑ 2. It was just a brief passing thought
   - ☐ 3a. I have had a plan at least once to kill myself but did not try to do it (2)
   - ☐ 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? (check only one)
   - ☐ Never
   - ☑ Rarely (1 Time)
   - ☐ Sometimes (2 Times) (2)
   - ☐ Often (3-4 Times)
   - ☐ 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 (2)
   - ☐ 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? (check only one)
   - ☑ Never
   - ☐ No chance at all
   - ☐ Rather Unlikely
   - ☐ Unlikely (0)
   - ☐ Likely
   - ☐ Rather likely
   - ☐ Very likely

SBQR score is 6, low suicide risk as of 4/10/25.

Consent Form

Removed