

CFI-Suicide

Instructions: Ask the patient each question as written. Follow the instructions for assigning points based on the patient's response to each item and information from other sources (DIGS, TESTING , MEDICAL RECORDS/CPRS). If you have reason to believe that the patient's response may be inaccurate (for instance, a delusional patient whose medical chart indicates a diagnosis of schizophrenia denies having a mental illness), refer to the specified data points and time frames to complete the item in question. Should a discrepancy arise between a participant's report and information from his or her records, use your clinical judgment to reach an informed decision concerning how to score the item in question. (Optional scoring info in parentheses after each item).

1. **Psychiatric-** Ask: "Do you have a diagnosed mood disorder?" then: "Do you have any other kind of psychiatric diagnoses?" then: "Have you received treatment?"

Record all answers, but score 1 only if the person either has a diagnosed mood disorder or another kind of psychiatric diagnosis. Otherwise score 0 points.

(Refer if need be to any DIGS diagnosis of confidence level 3 or 4.)

2. **Compliance-** Have you ever had problems following treatment recommendations, such as not showing up for more than 2 appointments without canceling, or not taking your medications as prescribed?

If patient responds Yes, score 1. Otherwise score 0 points.

(If patient responds No, look for either a) the presence of more than 3 No Show notes for appointments or b) mention of deviation from medication regimen. Refer to MEDICAL RECORDS/CPRS notes from within 6 months before Visit 1 and within 3 months before Visit2 and Visit3. If evidence of poor treatment compliance was present, score 1.)

3. **Familial-** Has any blood relative committed suicide or attempted to commit suicide?

If patient responds Yes, score 1. Otherwise score 0 points.

(If patient responds No, refer to Family History section of DIGS. Check for changes in this item between TESTING visits by looking in the Family History section of notes preceding each TESTING visit. If history of family suicide or suicide attempt was reported, score 1.)

4. **Example-** Ask: "Do you personally know somebody who committed suicide (other than blood relatives)?"

If patient responds Yes to either question, score 1. Otherwise score 0 points.

5. **Abuse-** Do you have a history of physical, emotional, or sexual abuse, or a history of severe neglect growing up?

If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds No, refer to Social History of DIGS narrative. If history of any type of abuse or neglect was reported, score 1.)

6. **Medical-** Ask: "Have you been hospitalized for a severe medical illness, or experienced acute pain, within the past 3 months?"

If patient responds Yes to either, score 1. If patient responds No to both, score 0.

(If patient responds No, review MEDICAL RECORDS/CPRS notes for indication of recent hospitalization. Points on this item can be awarded based on either of the following sources of information. If patient was hospitalized for a severe medical illness within three months before respective TESTING visit, score 1. If not, score 0. Severe medical illnesses include heart attacks, strokes, surgeries, cancer, or any other condition that has resulted in a hospitalization within three months before respective TESTING visit. Conditions such as HTN or diabetes are not considered severe medical illnesses unless they result in hospitalization. Additionally, refer to Pain Scale from TESTING . If score was 9 or 10, score 1. If score was 8 or below, score 0.)

7. **Status**- Have you experienced significant loss or grief with the last 3 months?

If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds No, refer to MEDICAL RECORDS/CPRS notes from within 3 months before each TESTING visit for mention of loss or grief. Look particularly at a Treatment Plan note summary and at Axis IV. If mention of loss and or grief, score 1. If not, score 0.)

8. **Useless**- Have you experienced chronic feelings of uselessness, not being needed, or of being a burden to those around you?

If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds No, refer to DIGS pages 28 [item 13] and 36 [item 46]. If patient answered "Yes" on BOTH items, score 1. If patient answered "No" to at least one item, score 0.)

9. **Introverted**- Ask: "Are you introverted / a loner?" then: "Are you over-conscientious, meaning that you tend to plan minute details or be highly organized?"

If patient responds Yes to any of the two, score 1. If patient responds No to both, score 0.

(If patient responds No to both, refer to Passive Social Withdrawal item N4 on PANSS. If rating was equal to or greater than 4, score 1. If less than 4, score 0.)

10. **Dissatisfied**- "Are you dissatisfied or unhappy with your life right now?"

If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds No, refer to QLESS-F item 16. If item was rated "Very Poor" or "Poor", score 1. If item was rated "Fair", "Good", or "Very Good", score 0.)

11. **Hopeless**- Do you lack hope of your life improving in the future?

If patient responds Yes, score 1. If patient responds No, score 0.

12. **Addiction**- Have you abused any drugs, or had more than 2 alcoholic drinks in any single occasion, in the last 2 weeks?

If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds No, refer to Substance section of TESTING Writeup. Substance abuse refers to a report of any illicit substance use within the past 2 weeks, the presence of a positive finding on the substance screen for that TESTING [unless in accordance with medications, such as when the finding is positive for opiates and the participant is prescribed an opioid], or a report of more than 2 drinks at any single sitting within the past 2 weeks. If patient met this definition of substance abuse, score 1. If not, score 0.)

13. **History**- Have you ever attempted suicide or made suicidal gestures?

If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds No, refer to Suicidal/Homicidal Behavior section of DIGS. If patient reported a history of suicide attempts or suicidal gestures, score 1. If patient has never attempted suicide and denied making suicidal gestures, score 0. If the score is 0 based on this information, refer to suicide item of HAM-D (item 3) for each TESTING visit which occurred after the DIGS. If item was rated 3 or 4, score 1. If item was rated 1 or 2, score 0.)

14. **Non-religious**- Ask: "Do you lack religious or spiritual beliefs?"

If patient responds Yes, score 1. If patient responds No, score 0.

(Click on the patient's name and the Patient Inquiry window will open. Refer to Relig:notation. If a religion was listed, score 0. If not, score 1.)

15. **Rejection-** Have you experienced any feelings of rejection within the last three months?
If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds No, refer to MEDICAL RECORDS/CPRS notes from within the 3 months prior to the TESTING visit. Look through at least 3 notes, such as a Discharge Summary, Psychiatry Treatment Plan note, or Psychiatry Assessment note. If any note mentions the patient had experienced rejection, score 1. If after reading 3 notes, no indication of rejection was mentioned, score 0.)

16. **Isolation-** Ask: "Do you lack positive relationships?" then: "Are you socially isolated?"
If patient responds Yes to either, score 1. If patient responds No to both, score 0.

(If patient responds No to both, refer to Active Social Avoidance item G16 on PANSS. If rating was equal to or greater than 4, score 1. If less than 4, score 0.)

17. **Impulsive-** Do you have a history of impulsive behaviors related to anger, such as being in a rage, getting into physical fights, or seeking revenge?
If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds No, refer to Poor Impulse Control item G14 on PANSS. If rating was equal to or greater than 4, score 1. If less than 4, score 0. You may use other impulse control scale data if you have them.)

18. **Non-coping-** Do you crack under pressure, are unable to cope with stress in your life?
If patient responds Yes, score 1. If patient responds No, score 0.

(If patient responds Yes, refer to item 28 on STAI ("I feel that difficulties are piling up so that I cannot overcome them"). If item was rated "Almost Always" or "Often", score 1. If item was rated "Sometimes" or "Almost Never", score 0.)

19. **Childless-** Ask: "Are you childless?" then: "If you have children, have you lost touch with them?" then: "Not taking care of them?"

Record all answers. If the patient responds Yes to the first question (Are you childless), score 1. Otherwise, score 0.

(If patient responds Yes to the first question, score 1. If patient responds No to the first question, refer to Social History section of DIGS (or page 2, item 8) for living children, including adopted and step-children. Children who are no longer living do not warrant a rating on this item. If patient had living children, score 0. If not, score 1.)

20. **Hallucinations-** Have you ever heard voices that told you to hurt yourself?
If patient responds Yes, score 1. If patient responds No, score 0.

21. **Age-** Are you younger than 25 or older than 60?
If patient responds Yes, score 1. If patient responds No, score 0.

22. **Gender-** Are you Male?
If patient responds Yes, score 1. If patient responds No, score 0.

Scoring:

Total Points: _____

Add the total number of points.

Total Score: _____

Total Points/Number of items scored (for some items there is no information-NA).