

# SHEEHAN-SUICIDALITY TRACKING SCALE (Adolescent S-STs CMCM Version)

**INSTRUCTIONS:** PLEASE USE DATA FROM ALL SOURCES AND CONSIDER SEVERITY, FREQUENCY, TIME SPENT AND TIME FRAME IN YOUR RESPONSES. THE RESPONSE “NOT AT ALL” TO ANY QUESTION MEANS “NONE” AND MEANS THAT THE THOUGHT, EXPERIENCE OR BEHAVIOR “DID NOT OCCUR AT ALL”. **THROUGHOUT THE SCALE, THE WORDS INTENT / INTEND MEAN ANY INTENT GREATER THAN ZERO. SCORE THE MOST SERIOUS EVENT THAT OCCURRED FOR EACH ITEM BELOW.**

**In the past (timeframe):**

1. did you have any accident? NO  YES   
 (this includes taking too much of your medication by accident).  
 IF NO, SKIP TO QUESTION 2. IF YES, GO TO QUESTION 1a:

- |   | Not at all | A little | A fair amount | Very | Extremely |
|---|------------|----------|---------------|------|-----------|
| 1a. how seriously did you plan or expect to hurt yourself on purpose in any accident or put yourself in a position where you could be hurt?<br>IF THE ANSWER TO QUESTION 1a IS 0 (= Not at all), SKIP TO QUESTION 2.<br>IF IT IS SCORED 1 OR HIGHER, GO TO QUESTION 1b: | 0          | 1        | 2             | 3    | 4         |

- 1b. did you want to die as a result of any accident? NO  YES

**In the past (timeframe), how seriously did you:**

- |   | Not at all | A little | A fair amount | Very | Extremely |
|---|------------|----------|---------------|------|-----------|
| 2. think that you would be better off dead or wish you were dead or need to be dead? How many times? ____   | 0          | 1        | 2             | 3    | 4         |
| 3. think about hurting yourself, with the possibility that you might die? Or <b>how seriously</b> did you think about killing yourself? How many times? ____                    | 0          | 1        | 2             | 3    | 4         |
| 4. hear a voice or voices telling you to kill yourself or have a dream or a nightmare about killing yourself?   | 0          | 1        | 2             | 3    | 4         |
| 5. have a way or a method ( <b>how</b> ) in mind to kill yourself?  | 0          | 1        | 2             | 3    | 4         |
| 6. think about <b>what you would use</b> to kill yourself?  | 0          | 1        | 2             | 3    | 4         |
| 7. think about <b>where you would go</b> to kill yourself?  | 0          | 1        | 2             | 3    | 4         |
| 8. think about <b>when</b> you could kill yourself?   | 0          | 1        | 2             | 3    | 4         |
| 9. expect to <b>go through with a plan</b> to kill yourself?<br>did you intend to act: at the time <input type="checkbox"/> at some time in the future <input type="checkbox"/> | 0          | 1        | 2             | 3    | 4         |
| 10. <b>expect</b> to die from hurting yourself?<br>did you intend to die: at the time <input type="checkbox"/> at some time in the future <input type="checkbox"/>              | 0          | 1        | 2             | 3    | 4         |
| 11. feel the need to kill yourself sooner rather than later?<br>was this: for no good reason <input type="checkbox"/> for some good reason <input type="checkbox"/>             | 0          | 1        | 2             | 3    | 4         |
| 12. do things to <b>prepare</b> to kill yourself?   | 0          | 1        | 2             | 3    | 4         |
| 13. hurt yourself on purpose <b>without</b> trying to kill yourself?<br>How many times? ____  | 0          | 1        | 2             | 3    | 4         |
| 14. try to kill yourself *?   | 0          | 1        | 2             | 3    | 4         |

\* “A suicide attempt is a potentially self-injurious behavior, associated with at least some intent (> 0) to die as a result of the act. Evidence that the individual intended to kill him or herself, at least to some degree, can be explicit or inferred from the behavior or circumstance.”. *A suicide attempt may or may not result in actual injury.*” (FDA 2012 definition<sup>1,2</sup>). \* Note: Items 7 & 8 on S-STs (“plan for suicide”) means not going beyond ideas or talking about a plan for suicide. If actual behaviors occurred, the event should not be coded on item 7 or 8, but as “preparatory behavior” (item 12). However, both events can occur separately over the same timeframe.

**15. IF THE ANSWER TO QUESTION 14 IS 1 OR HIGHER ASK:**

In the past (timeframe), how many times did you try to kill yourself? \*\* \_\_\_\_

	When?	How?	How seriously did you try each time?					Level
	dd/MMM/yyyy		Not at all	A little	A fair amount	Very	Extremely	
1.			0	1	2	3	4	
2.			0	1	2	3	4	
3.			0	1	2	3	4	
4.			0	1	2	3	4	
5.			0	1	2	3	4	

Add rows as needed.

**Levels of Trying To Kill Yourself**

- Level 1: You started to kill yourself, but then **you decided to stop**.
- Level 2: You started to kill yourself, but then **someone or something stopped you**.
- Level 3: You did **everything you wanted** to do to try to kill yourself.

**16. IF THE ANSWER TO QUESTION 12 IS 1 OR HIGHER ASK:**

In the past (timeframe), how many times did you do things to **prepare** to kill yourself? \*\* \_\_\_\_  
 (Include only the times when you stopped before starting to kill yourself.) \*\*

	When?	How?	How seriously did you prepare each time?					Level
	dd/MMM/yyyy		Not at all	A little	A fair amount	Very	Extremely	
1.			0	1	2	3	4	
2.			0	1	2	3	4	
3.			0	1	2	3	4	
4.			0	1	2	3	4	
5.			0	1	2	3	4	

Add rows as needed.

**Levels of Preparing to Kill Yourself**

- Level 1: You did things to **get ready** to kill yourself, but you did not start to kill yourself.
- Level 2: You did things to **get ready** to kill yourself, but then **you stopped yourself** just before you hurt yourself.
- Level 3: You did things to **get ready** to kill yourself, but then **someone or something stopped you** just before you hurt yourself.

**HOW MUCH TIME DID YOU SPEND PER DAY WITH ANY SUICIDAL IMPULSES, THOUGHTS OR ACTIONS OVER THE PAST (TIMEFRAME)?**

Usual time spent per day: \_\_\_\_ hours \_\_\_\_ minutes.  
 Least amount of time spent per day: \_\_\_\_ hours \_\_\_\_ minutes.  
 Most amount of time spent per day: \_\_\_\_ hours \_\_\_\_ minutes.

## **PATIENT RATED PAGES**

### **Clinically Meaningful Change Measures for Suicide Outcomes Assessment**

(S-STC CMCM VERSION, PATIENT RATED DOMAINS ARE ON **PAGES 4 THROUGH 10**)

## Current Factors to Consider in Making the Clinically Meaningful Change Assessment

Some consider the factors below as risk factors for suicidality. However, they are all not necessarily so and sometimes they can be protective factors. The impact of each factor can change over time within an individual.

The factors are intended to serve as useful prompts during the evaluation and in tracking both initial and newly emerging factors during follow up. If any of the factors disturb you, please discuss it with your clinician.

Indicate the impact of the factors below on your suicidality over the past (timeframe).

	Factor	Does Not Apply	Makes Your Suicidality Better	No Impact on Suicidality	Makes Your Suicidality Worse
<b>Suicidality</b>					
1	Any suicidal impulses, ideation and behavior from pages 1 & 2 of this rating scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Amount of time spent daily with suicidal ideation and behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Feeling a need to make an attempt sooner rather than later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Wanting to suddenly kill yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Hearing voices telling or commanding you to kill yourself or someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Feeling trapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Feeling overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Exhaustion from struggling against suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Hopeless feeling or nothing to live for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Easy access to guns or means for suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Seriousness of past suicide attempt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Religious or spiritual reasons that influence your decision to kill yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Spending time on suicide or death related internet sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family / Social</b>					
14	Recent loss or death of someone you loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Recent anniversary of the death of someone you loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Recent conflict or break up with family, husband / wife, partner or close friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Lonely or isolated or homeless or with few or no friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Lack of close family or support from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Withdrawal from or spending less time with family, work or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Bisexual, homosexual or transgender or uncertain sexual or gender orientation with resulting unsupportive family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	A family member with a history of suicidal impulses, ideation or behavior (including attempts or completed suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Factor	Does Not Apply	Makes your Suicidality better	No impact on Suicidality	Makes your Suicidality worse
<b>Personal History</b>					
22	Had a recent major life change or loss (e.g. loss of job, school failure, financial loss, mounting financial debt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Recent trouble with the law or serious legal problems or recent time in jail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Recent deep sense of shame or loss of reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Survivor of sexual abuse, sexual violence or rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Survivor of violence, torture bullying or emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Saw or witnessed or caused serious violence or death to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	A war survivor or recent military service or service in a war zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Hurting others or being aggressive or violent or very grouchy or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Doing things that are risky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health</b>					
31	Depression or bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Panic attacks or high anxiety or agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Hearing voices others can't hear or seeing things no one else can see or believing things other people thought were strange or weird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Abusing alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Abusing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Posttraumatic Stress Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Recent difficulties sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Have an "incurable disease" or severe illness or an illness you think will kill you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	In severe physical pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Recent unplanned pregnancy or sexually transmitted disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Recent infection, allergies or asthma or an autoimmune disease flare up (e.g. Crohn's Disease, Lupus or Multiple Sclerosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Unable to get treatment or medicine for a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Stopped a medicine that helped you or you changed the amount of medicine you were taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Recently started on a medicine for a mental health problem or seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add and score additional "other" factors as necessary.

# SHEEHAN - SUICIDALITY TRACKING SCALE (CMCM Version)

## CLINICALLY MEANINGFUL CHANGE MEASURES (PATIENT RATED)

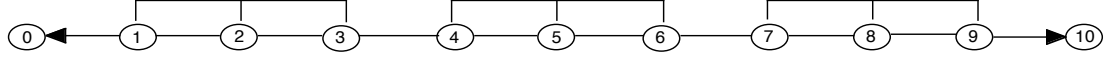
(Please mark ONE circle for each category.)

In the past (timeframe):

**HOPELESSNESS**

Rate your level of hopelessness:

**None                      Mild                      Moderate                      Severe                      Extreme**

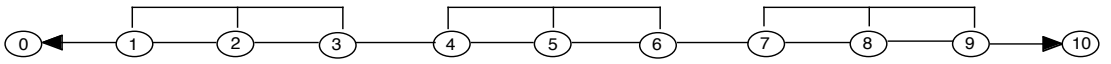


0 ← 1 2 3 4 5 6 7 8 9 → 10

**ABILITY TO COPE**

Rate your ability to cope with your suicide impulses, thoughts, and behaviors:

**Completely Able                      Very Able                      Moderately                      A Little                      Not Able**

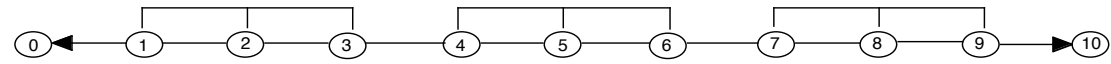


0 ← 1 2 3 4 5 6 7 8 9 → 10

**WILLINGNESS TO COPE**

Rate your willingness to cope with your suicide impulses, thoughts, and behaviors:

**Completely Willing                      Very                      Moderately                      A Little                      Not Willing**

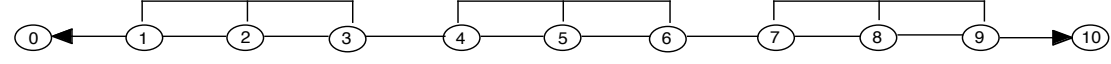


0 ← 1 2 3 4 5 6 7 8 9 → 10

**ABILITY TO STAY SAFE**

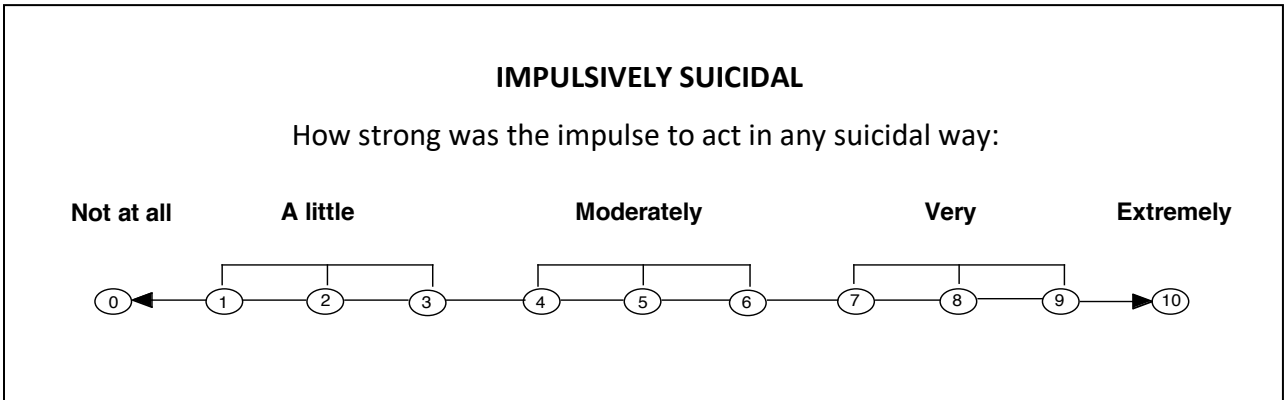
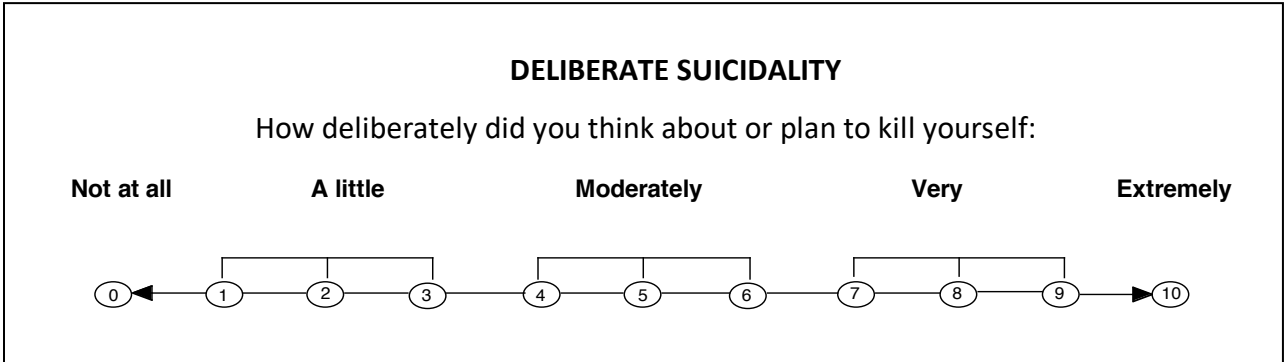
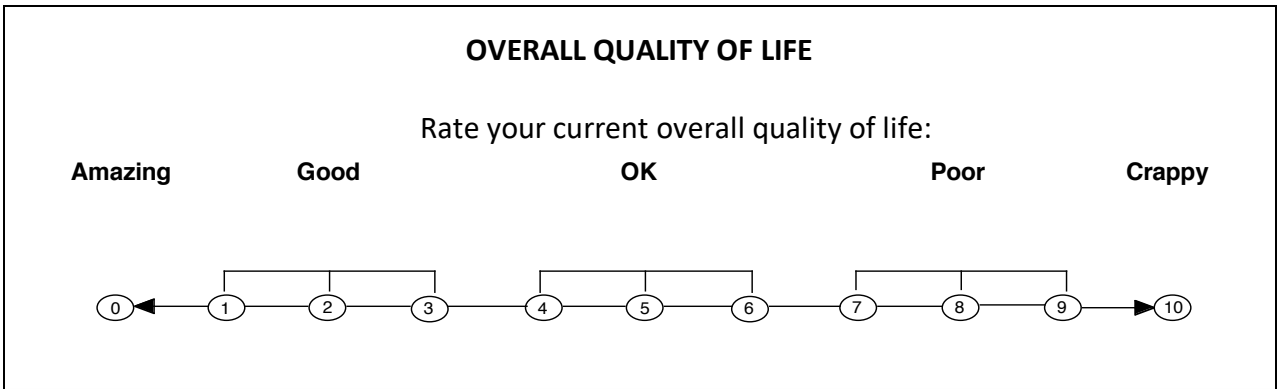
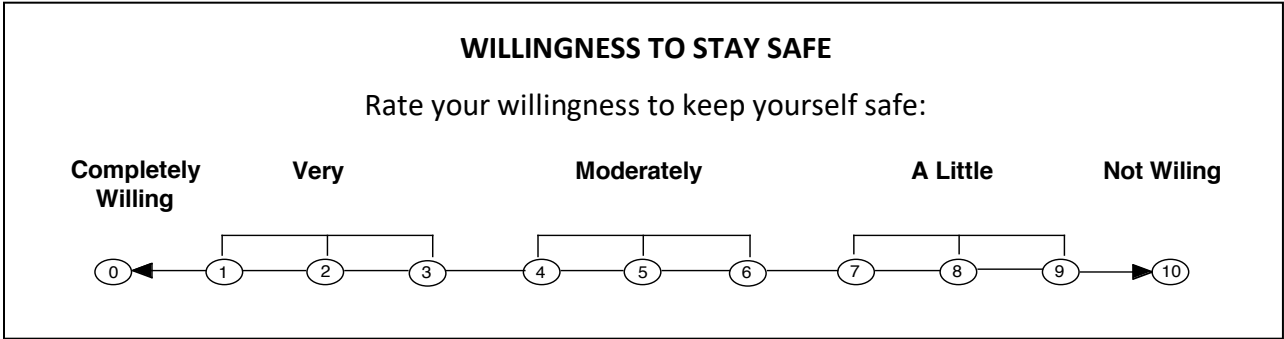
Rate your ability to keep yourself safe:

**Completely Able                      Very Able                      Moderately                      A Little                      Not Able**



0 ← 1 2 3 4 5 6 7 8 9 → 10

In the past (timeframe):



# SHEEHAN - SUICIDALITY TRACKING SCALE (CMCM Version)

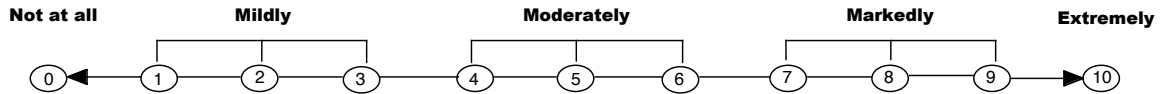
## LIFE IMPAIRMENT FROM SUICIDALITY (PATIENT RATED)

Please mark ONE circle for each category.

In the past (timeframe):

### WORK\* / SCHOOL

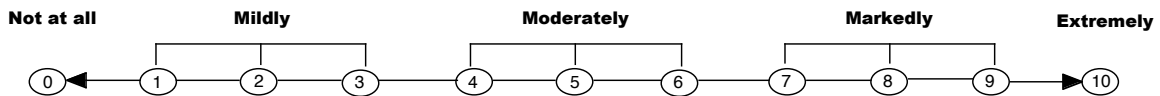
The suicide symptoms have caused problems at work or school:



I have not worked /studied at all during the past timeframe **for reasons unrelated to the suicide symptoms**.  
\* Work includes paid, unpaid volunteer work or training. If your symptoms interfered with your ability to find or to hold a job or contributed in any way to your currently not working, you must give a score on this scale.

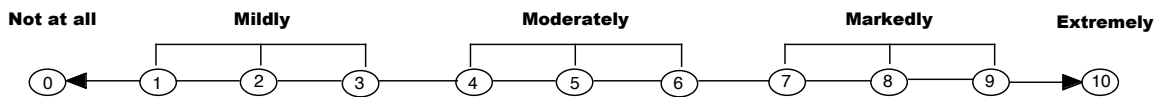
### SOCIAL LIFE

The suicide symptoms have caused problems with friends or fun activities:



### FAMILY LIFE / HOME RESPONSIBILITIES

The suicide symptoms have caused problems with your family or doing chores at home:



### DAYS LOST

How many days in the last (timeframe) did you miss from work or school or were unable to do normal things because of your suicide thoughts, impulses, and behaviors? \_\_\_\_\_

### DAYS UNDERPRODUCTIVE

How many days in the last (timeframe) were you able to do less at work or at school or during your normal routine because of your suicide thoughts, impulses, and behaviors? \_\_\_\_\_



In the past (timeframe):

**QUALITY OF LIFE DISRUPTION BY SUICIDALITY**

The suicide symptoms have caused problems with the quality of your life:

Not at all                      Mildly                      Moderately                      Markedly                      Extremely

0 ← 1 2 3 4 5 6 7 8 9 → 10

**DESIRE TO RECOVER FROM SUICIDALITY**

Rate your desire to recover from your suicide impulses, thoughts and behaviors:

Extremely                      Very                      Moderately                      A little                      Not at all

0 ← 1 2 3 4 5 6 7 8 9 → 10

If you can't imagine the possibility of recovery, choose "10"

**GLOBAL SEVERITY OF SUICIDAL IMPULSES, THOUGHTS, AND BEHAVIORS**

Rate the overall severity of all your suicide impulses, thoughts, and behaviors:

Not at all                      Mild                      Moderate                      Severe                      Extreme

0 ← 1 2 3 4 5 6 7 8 9 → 10

**HOW UNPREDICTABLE WAS YOUR SUICIDALITY?**

Considering the time when your suicidality was most unpredictable,  
how unpredictable was it at that time?

Completely predictable                      A little unpredictable                      Moderately unpredictable                      Very unpredictable                      Extremely unpredictable

0 ← 1 2 3 4 5 6 7 8 9 → 10

Since starting my current medication / treatment, my suicidality became even more unpredictable than before.

**Over the next (timeframe):**

**HOW LIKELY ARE YOU TO TRY TO KILL YOURSELF?**

Rate how likely you are to try to kill yourself:

**Not at all      A little      Moderately      Very      Extremely**

0 ← 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 →

Patient Rated: Circle the score that best describes your current treatment needs:

**At this time:**

Score	Which treatment below do you think you need now for your suicidal impulses, thoughts or behaviors?
10	I need to be in the hospital for more than 24 hours, with someone watching or protecting me at all times and I need or I request that someone do everything they can to stop me from trying to kill myself. (24/7 inpatient with constant one-on-one observation, possible need or request for physical or chemical restraints)
9	I need to be in the hospital for more than 24 hours, with someone watching or protecting me at all times. (24/7 inpatient one-on-one)
8	I need to be in the hospital for more than 24 hours, with someone watching or checking on me every 15 minutes. (24/7 inpatient on suicide precautions (e.g. 15 minute checks))
7	I need to be in the hospital for more than 24 hours, but without any special need for someone to regularly check on me because of my suicidal impulses, thoughts or behaviors. (24/7 inpatient, without special suicide precautions)
6	I need to be in the hospital for more than 24 hours and be allowed to leave the ward or to go on visits outside the hospital from time to time. (24/7 inpatient with privileges to leave ward on visits outside hospital)
5	I need to stay up to 24 hours in the Emergency Room and then talk to the doctor again to decide if it is safe to discharge me home <u>or</u> if I need to be admitted to the hospital ward <u>or</u> if I need to attend therapy for several hours multiple times a week. (Stay up to 24 hours in Emergency Room then re-evaluate whether to admit or discharge <u>or</u> partial hospitalization <u>or</u> intensive outpatient program)
4	I can live at home, but I need to visit with my doctor every week and to call my doctor or therapist every day to let them know how I'm doing (these are called "daily check-ins").
3	I only need to visit with my doctor every week while I live at home.
2	I only need to visit with my doctor once a month while I live at home.
1	I only need to visit my doctor if my suicidal thoughts or behaviors get worse.
0	I don't need to see a doctor or to get any treatment at all.

## CLINICIAN RATED PAGES

### Clinically Meaningful Change Measures for Suicide Outcomes Assessment

(S-STS CMCM VERSION, CLINICIAN RATED DOMAINS ARE ON PAGES 11, 12, AND 13)

Based on all the information available on pages 1 and 2, and on pages 4 through 10 in the S-STS CMCM version, and using your clinical experience, rate your judgment of the patient's global severity of suicidality at this time. Give a single score based on the metric below:

**CLINICIAN RATED GLOBAL SEVERITY OF SUICIDAL IMPULSES, THOUGHTS, AND BEHAVIORS**

Rate the overall severity of the patient's current suicide impulses, thoughts, and behaviors:

**Not at all                      Mild                                      Moderate                                      Severe                                      Extreme**

0 ← 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 →

### Clinically Meaningful Change Measures for Suicide Outcomes Assessment

(CLINICIAN RATED)

This Sheehan - Suicidality Tracking Scale, Clinically Meaningful Change Measures version (S-STS CMCM version) is for use in evaluating whether a treatment for suicidality has a clinically meaningful impact beyond the suicidal phenomena alone.

Suicide risk cannot be accurately predicted at an individual level. However, based on all the information available on pages 1 and 2, and on pages 4 through 10 in the S-STS CMCM version, and using your clinical experience, provide your best judgment of this patient's level of clinically meaningful suicide risk and their need for treatment of suicidality at this time, using the anchors in table 1 below. In table 1 this clinician "judgment of suicide risk" at this time should align with your "judgment of level of management needed". In addition, rate your judgment of the likelihood of this patient making a suicide attempt or of dying by suicide in the next 7 days on the discretized analog (DISCAN) metric on page 12 below. Ask any additional probe questions and request any clarifications as needed.

In making this judgment, factor in and make balanced trade-offs between the following elements in each case:

- Suicidal ideation (including suicidal impulses, and dreams, hallucinations and delusions involving suicide)
- Suicidal planning
- Suicidal intent and patient's perception of how likely they are to attempt suicide in the future
- Suicidal behaviors (including impulsive suicidality)
- Suicide risk / protective factors
- Ability and willingness to cope with and to stay safe from suicidality
- Desire to recover from suicidality
- History of suicidality
- Quality of life
- % of suicidal ideation that is willful or deliberate
- Time spent in suicidality
- Global severity of suicidal impulses, ideation and behaviors
- Type of suicide disorder

These factors and trade-offs vary from one case to the next and over time in the same case.

**Table 1**

**Clinician judgment of patient’s risk of a suicide attempt or death by suicide *at this time***  
 (give a single score based on the table below):

Score	Judgment of Suicide Risk <i>At This Time</i>	Judgment on Level of Management Needed for Suicidality
10	Imminent	24/7 inpatient with constant one-on-one observation and with possible need or patient request for physical or chemical restraints
9	Severe	24/7 inpatient one-on one hospitalization with constant one-on-one observation
8	High	24/7 inpatient hospitalization with suicide precautions (e.g. 15 minute observation checks)
7	Major	24/7 inpatient hospitalization without any special suicide precautions
6	Elevated	24/7 inpatient hospitalization with privileges to leave ward on visits outside hospital
5	Moderate	Up to 24 hours in ER, then re-evaluate whether to admit or discharge <u>or</u> partial hospitalization <u>or</u> intensive outpatient program
4	Modest	Outpatient weekly visits with daily check-ins
3	Mild	Outpatient weekly visits
2	Slight	Outpatient visits at least monthly
1	Remote	Outpatient visits as needed and if in treatment monitor for treatment emergent suicidality
0	No apparent risk	None

