

SHEEHAN-SUICIDALITY TRACKING SCALE (S-STs) – Child Version (6-8 years)

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

- | | Not at all | A little | In the middle | A Lot | Really a Lot |
|--|------------|----------|---------------|-------|--------------|
| 1a. how much did you try to get hurt in an accident, or
how much did you try to hurt yourself in an accident? | 0 | 1 | 2 | 3 | 4 |

IF THE ANSWER TO QUESTION 1a IS 0 (= Not at all), GO TO QUESTION 2.
 IF IT IS SCORED 1 OR HIGHER, GO TO QUESTION 1b:

- 1b. did you try to die or make yourself dead because of an accident? NO YES

In the past (timeframe), how much did you:

- | | Not at all | A little | In the middle | A Lot | Really a Lot |
|--|------------|----------|---------------|-------|--------------|
| 2. wish you were dead?
How many times? ____ | 0 | 1 | 2 | 3 | 4 |
| 3. think about hurting yourself, knowing you could die,
or how much did you think about making yourself dead **?
How many times? ____ | 0 | 1 | 2 | 3 | 4 |
| 4. hear a voice telling you to make yourself dead or have
a dream or a nightmare about making yourself dead **? | 0 | 1 | 2 | 3 | 4 |
| 5. think about how to make yourself dead **? | 0 | 1 | 2 | 3 | 4 |
| 6. think about what you would use to make yourself dead **? | 0 | 1 | 2 | 3 | 4 |
| 7. think about where you would go to make yourself dead **? | 0 | 1 | 2 | 3 | 4 |
| 8. think about when you would make yourself dead **? | 0 | 1 | 2 | 3 | 4 |
| 9. mean to go ahead and to do something to make yourself dead **? | 0 | 1 | 2 | 3 | 4 |
| 10. mean to die (or make yourself dead) from hurting yourself? | 0 | 1 | 2 | 3 | 4 |
| 11. feel all of a sudden that you had to make yourself dead **? | 0 | 1 | 2 | 3 | 4 |
| 12. do things to get ready to make yourself dead **? | 0 | 1 | 2 | 3 | 4 |
| 13. hurt yourself without trying to make yourself dead **?
How many times? ____ | 0 | 1 | 2 | 3 | 4 |
| 14. try to make yourself dead * (**)? | 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^{1,2}). * 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. ** Some children may relate better to the wording “to kill yourself” rather than “to make yourself dead”.

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

In the past (timeframe), how many times did you try to make yourself dead? ____

	When?	How?	How hard did you try each time?					Level
	dd/MMM/yyyy		Not at all	A little	In the middle	A lot	Really a lot	
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 Making Yourself Dead

Level 1: You started to try to make yourself dead, and did something that could hurt you, but then **you stopped yourself**.

Level 2: You started to try to make yourself dead, and did something that could hurt you, but then **someone or something stopped you**.

Level 3: You did **everything you could** to try to make yourself completely dead.

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

In the past (timeframe), how many times did you do things **to get ready** to make yourself dead? ____
 (CLINICIAN: Include only the times when the child stopped before starting to kill themselves). **

	When?	How?	How hard did you try each time?					Level
	dd/MMM/yyyy		Not at all	A little	In the middle	A lot	Really a lot	
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 Getting Ready to Make Yourself Dead

Level 1: You **ONLY** did things to **get ready** to make yourself dead, but you did not start to make yourself dead.

Level 2: You **ONLY** did things to **get ready** to make yourself dead, but then **you stopped yourself** before you hurt yourself.

Level 3: You **ONLY** did things to **get ready** to make yourself dead, but then **someone or something stopped you** before you hurt yourself.

HOW MUCH TIME DO YOU SPEND EVERY DAY THINKING ABOUT MAKING YOURSELF DEAD?

____ Not at all. ____ A little. ____ In the middle. ____ A lot. ____ Really a lot.

