

SHEEHAN-SUICIDALITY TRACKING SCALE (S-STs) – Child Version (9-12 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 | Somewhat | Very | Extremely |
|--|------------|----------|----------|------|-----------|
| 1a. how seriously did you plan or expect to hurt yourself on purpose 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 as a result of an accident? NO YES

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

- | | Not at all | A little | Somewhat | Very | Extremely |
|---|------------|----------|----------|------|-----------|
| 2. think that you would be better off dead or wish you were dead?
How many times? ____ | 0 | 1 | 2 | 3 | 4 |
| 3. think about hurting yourself, with the possibility that you might die? Or how much did you think about killing yourself **?
How many times? ____ | 0 | 1 | 2 | 3 | 4 |
| 4. hear a voice telling you to kill yourself, or have a dream or a nightmare about killing yourself ***? | 0 | 1 | 2 | 3 | 4 |
| 5. think about how to kill yourself ***? | 0 | 1 | 2 | 3 | 4 |
| 6. think about what you would use to kill yourself ***? | 0 | 1 | 2 | 3 | 4 |
| 7. think about where you would go to kill yourself ***? | 0 | 1 | 2 | 3 | 4 |
| 8. think about when to kill yourself ***? | 0 | 1 | 2 | 3 | 4 |
| 9. want to go through with a plan to kill yourself ***? | 0 | 1 | 2 | 3 | 4 |
| 10. want to die by hurting yourself? | 0 | 1 | 2 | 3 | 4 |
| 11. think about killing yourself ** sooner rather than later? | 0 | 1 | 2 | 3 | 4 |
| 12. do things to prepare to kill yourself ***? | 0 | 1 | 2 | 3 | 4 |
| 13. hurt yourself on purpose without trying to kill yourself ***?
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^{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 make yourself dead” rather than “to kill yourself”.

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 hard did you try each time?					Level
	dd/MMM/yyyy		Not at all	A little	Somewhat	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 in trying 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? ** ____

(CLINICIAN: Include only the times when the child stopped before starting to kill themselves.) **

	When?	How?	How much did you prepare each time?					Level
	dd/MMM/yyyy		Not at all	A little	Somewhat	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 DO YOU USUALLY SPEND EVERY DAY THINKING ABOUT KILLING YOURSELF?

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

WHAT IS THE MOST TIME YOU SPENT IN ANY DAY THINKING ABOUT KILLING YOURSELF?

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

SHEEHAN-SUICIDALITY TRACKING SCALE (S-STs) - CLINICIAN USE ONLY

Complete this section *if the patient does not return for the scheduled follow up visit* and is not available to permit completion of pages 1 and 2.

FOR CLINICIAN USE ONLY

	NO	YES
17. Missed appointment - reason: subject died from a completed suicide?	0	100
18. Missed appointment - reason: subject died, but not enough information to code as a suicide?	0	0
19. Missed appointment - reason: subject died from cause(s) other than suicide?	0	0
20. Missed appointment - reason: subject alive, but not available because of a suicide attempt?	0	4
21. Missed appointment - reason: subject alive, but not available for known reasons other than suicide?	0	0
22. Missed appointment - reason: subject alive, but not available, for uncertain reasons, or "lost to follow up"?	0	0

Total Scale Score	Add scores from Questions 1a (only if 1b is coded YES), + 2 through 11 + [the highest of 12 or any row of 16] + [the highest of 14 or any row of 15] + 17 + 20 [on page 3]	TOTAL	
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I have reviewed the answers on Pages 1 and 2 with the patient.

Clinician Signature	dd/MMM/yyyy
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I have reviewed the answers on Pages 1 and 2 with my doctor or clinician.

Patient Signature	dd/MMM/yyyy
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References

1. Guidance for Industry Suicidal Ideation and Behavior: Prospective Assessment of Occurrence in Clinical Trials. August 2012. Revision 1. U.S Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research (CDER), Silver Spring, MD 20992-0002. <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm/> Direct download from www.fda.gov/downloads/Drugs/Guidances/UCM225130.pdf
2. Posner K, Oquendo MA et al. Columbia Classification Algorithm of Suicide Assessment (C-CASA): Classification of Suicidal Events in the FDA’s Pediatric Suicidal Risk Analysis of Antidepressants. C-CASA Definitions in Table 2, page 1037. Am J Psychiatry 2007; 164:1035-1043

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