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| **Mental health / Suicide**  **Question-by-Question Guide** |

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| **Mental health / Suicide** | | | |
| The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues. | | | |
| **Question** | **Response** | | **Code** |
| During the **past 12 months**, have you seriously **considered** attempting suicide?  *Ask the participant to think of the past 12 months. Seriously considering attempting suicide means to seriously think about trying to take your own life.* | Yes | 1 | MH1 |
| No | 2 *If No, go to MH3* |
| Refused | 88 |
| Did you seek **professional help** for these thoughts?  *Ask the participant whether he/she went to see, for instance, a general physician, psychiatrist, psychologist, nurse, social worker, or counsellor for these thoughts.* | Yes | 1 | MH2 |
| No | 2 |
| Refused | 88 |
| During the **past 12 months**, have you made **a plan about how** you would attempt suicide?  *Ask the participant to think of the past 12 months and whether he/she has been planning how (by which method, at what time, at which place) to take his/her own life in this time period.* | Yes | 1 | MH3 |
| No | 2 |
| Refused | 88 |
| Have you **ever attempted suicide**?  *Attempting suicide means trying to take your own life.* | Yes | 1 | MH4 |
| No | 2 *If No, go to MH9* |
| Refused | 88 |
| During the **past 12 months**, have you **attempted suicide**?  *Ask the participant to think of the past 12 months. Attempting suicide means trying to take your own life.* | Yes | 1 | MH5 |
| No | 2 |
| Refused | 88 |
| What was the main **method you used** the last time you attempted suicide?  *Ask the participant to think of the last time when he/she tried to take his/her own life. Read out all answer options. Select only the main method.*  *(SELECT ONLY ONE)* | Razor, knife or other sharp instrument | 1 | MH6 |
| Overdose of medication (e. g. prescribed, over-the-counter) | 2 |
| Overdose of other substance (e.g. heroin, crack, alcohol) | 3 |
| Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer) | 4 |
| Other poisoning (e.g. plant/seed, household product) | 5 |
| Poisonous gases from charcoal | 6 |
| Other | 7 *If Other, go to MH6other* |
| Refused | 88 |
| Other (specify) | └─┴─┴─┴─┴─┴─┴─┘ | MH6other |
| Did you seek **medical care** for this attempt?  *Ask the participant whether he/she went to seek help from a doctor or nurse or went to emergency services or a health facility because of an injury or poisoning resulting from the suicide attempt.* | Yes | 1 | MH7 |
| No | 2 *If No, go to MH9* |
| Refused | 88 |
| Were you **admitted to hospital overnight** because of this attempt?  *Ask the participant whether he/she spent at least one night in a hospital or health facility because of the suicide attempt.* | Yes | 1 | MH8 |
| No | 2 |
| Refused | 88 |

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| **Mental health / Suicide, cont.** | | | |
| **Question** | **Response** | | **Code** |
| Has anyone in **your close family** (mother, father, brother, sister or children) ever attempted suicide?  *Ask the participant whether his/her mother, father, brother, sister or children have ever tried to take their own life.* | Yes | 1 | MH9 |
| No | 2 |
| Refused | 88 |
| Has anyone in **your close family** (mother, father, brother, sister or children) ever died from suicide?  *Ask the participant whether his/her mother, father, brother, sister or children have taken their own life.* | Yes | 1 | MH10 |
| No | 2 |
| Refused | 88 |