Has the patient had thoughts of self-harm or harm to others since the last clinical visitor, if the patient is new to care, within the last 60 days?*

- **YES**
  - Acute danger?
    - Specific current plan and means to carry it out
  - **NO**
  - **STOP**

- **NO**
  - Is any one of the following present?
    - Intoxication or withdrawal from alcohol or other substances
    - Acute change in mental status
    - Current severe psychiatric symptoms, including psychosis, agitation, hopelessness, or depressive symptoms
    - History of near-fatal suicide attempt or violence
  - **NO**
  - Escort to emergency department or call 911 for immediate psychiatric evaluation

*The following questions may be used as part of an assessment for suicidal ideation and violent behavior:

- **Questions for suicidal ideation**:  
  Since your last visit [or in the last 2 months]:
  - Have you wished you were dead, or wished you could go to sleep and not wake up?
  - Have you had actual thoughts of killing yourself?

- **Questions for violent behavior**:  
  Since your last visit [or in the last 2 months]:
  - Have you lost your temper to the point where you would hurt someone?
  - Have you hit or slapped someone? What about grabbing and shaking?

Notes:


New York State Department of Health AIDS Institute: [www.hivguidelines.org](http://www.hivguidelines.org)