

# OPTIONAL MODULE



## Additional Questions

### Survey Administrator Directions

Please distribute this sheet of questions to each student with the surveys. The responses for these questions will go on the last page of the survey in the extra answer rows (1-4) at the end.

### Student Directions

Please put your answers to these questions on the last page of the survey in the extra answer rows (1-4) at the end. Make sure to put your answers on the row with the same number as the question below.

1. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- A. No      B. Yes

2. Have you ever **seriously** thought about killing yourself? (If yes, please choose the most recent answer.)

- A. No/Never      B. Yes, in the past 30 days      C. Yes, in the past year      D. Yes, over one year ago

3. Have you ever made a **plan** about how you would kill yourself? (If yes, please choose the most recent answer.)

- A. No/Never      B. Yes, in the past 30 days      C. Yes, in the past year      D. Yes, over one year ago

4. Have you ever **tried** to kill yourself? (If yes, please choose the most recent answer.)

- A. No/Never      B. Yes, in the past 30 days      C. Yes, in the past year      D. Yes, over one year ago