

PANSI



Name/Code Number: _____

Gender: M/F

Age: _____

Marital Status: _____

Education: _____

Date: / /

Below is a list of statements that may or may not apply to you. Please read each statement carefully and circle the appropriate number in the space to the right of each statement.

During the past two weeks, including today, how often have you:

	1 = None of the time	2 = Very rarely	3 = Some of the time	4 = A good part of the time	5 = Most of the time
1. Seriously considered killing yourself because you could not live up to the expectations of other people?	1	2	3	4	5
2. Felt that you were in control of most situations in your life?	1	2	3	4	5
3. Felt hopeless about the future and you wondered if you should kill yourself?	1	2	3	4	5
4. Felt so unhappy about your relationship with someone you wished you were dead?	1	2	3	4	5
5. Thought about killing yourself because you could not accomplish something important in your life?	1	2	3	4	5
6. Felt hopeful about the future because things were working out well for you?	1	2	3	4	5
7. Thought about killing yourself because you could not find a solution to a personal problem?	1	2	3	4	5
8. Felt excited because you were doing well at school or at work?	1	2	3	4	5
9. Thought about killing yourself because you felt like a failure in life?	1	2	3	4	5
10. Thought that your problems were so overwhelming that suicide was seen as the only option for you?	1	2	3	4	5
11. Felt so lonely or sad you wanted to kill yourself so that you could end your pain?	1	2	3	4	5
12. Felt confident about your ability to cope with most of the problems in your life?	1	2	3	4	5
13. Felt that life was worth living?	1	2	3	4	5
14. Felt confident about your plans for the future?	1	2	3	4	5