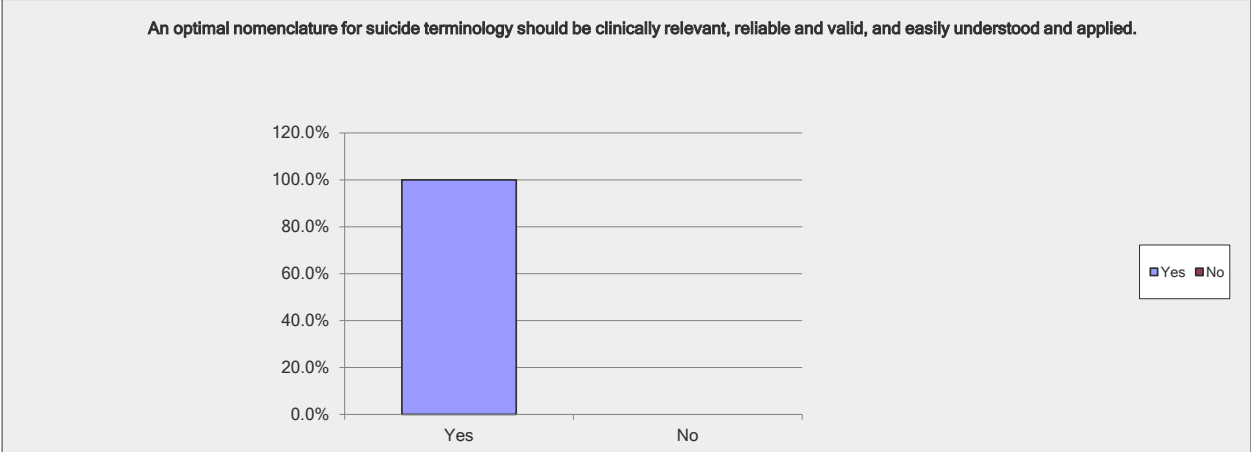


**SIB Consensus Pre-meeting Survey: Nomenclature & Classification**

Recipients	129
Responded	89
Unresponded	30
% Responded	69%

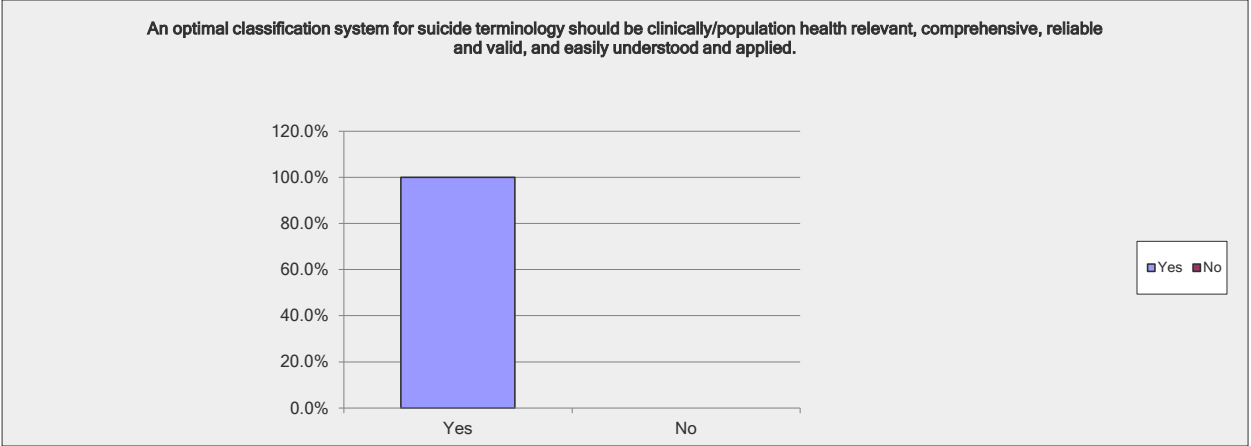
**Q1. An optimal nomenclature for suicide terminology should be clinically relevant, reliable and valid, and easily understood and applied.**

Answer Options	Response Percent	Response Count
Yes	100.0%	88
No	0.0%	0
<i>answered question</i>		<b>88</b>
<i>skipped question</i>		<b>1</b>



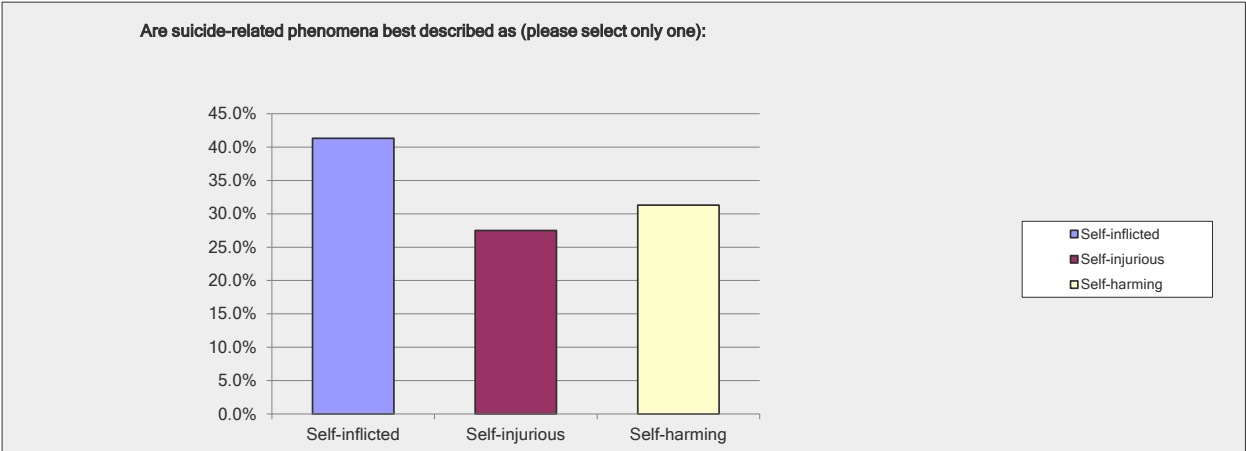
**Q2. An optimal classification system for suicide terminology should be clinically/population health relevant, comprehensive, reliable and valid, and easily understood and applied.**

Answer Options	Response Percent	Response Count
Yes	100.0%	88
No	0.0%	0
<i>answered question</i>		<b>88</b>
<i>skipped question</i>		<b>1</b>



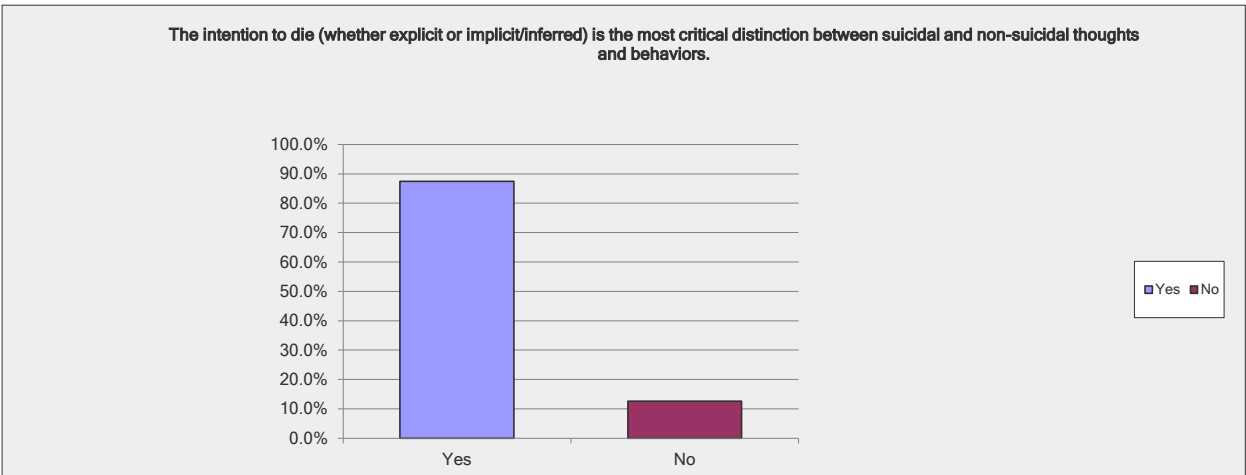
**Q3. Are suicide-related phenomena best described as (please select only one):**

Answer Options	Response Percent	Response Count
Self-inflicted	41.3%	33
Self-injurious	27.5%	22
Self-harming	31.3%	25
<i>answered question</i>		<b>80</b>
<i>skipped question</i>		<b>9</b>



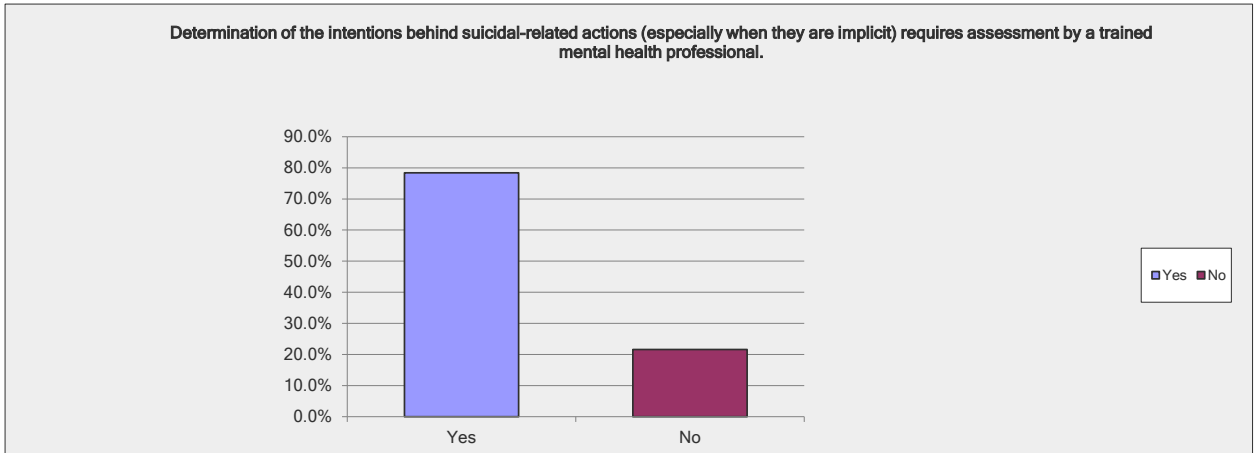
**Q4. The intention to die (whether explicit or implicit/inferred) is the most critical distinction between suicidal and non-suicidal thoughts and behaviors.**

Answer Options	Response Percent	Response Count
Yes	87.4%	76
No	12.6%	11
<i>answered question</i>		<b>87</b>
<i>skipped question</i>		<b>2</b>



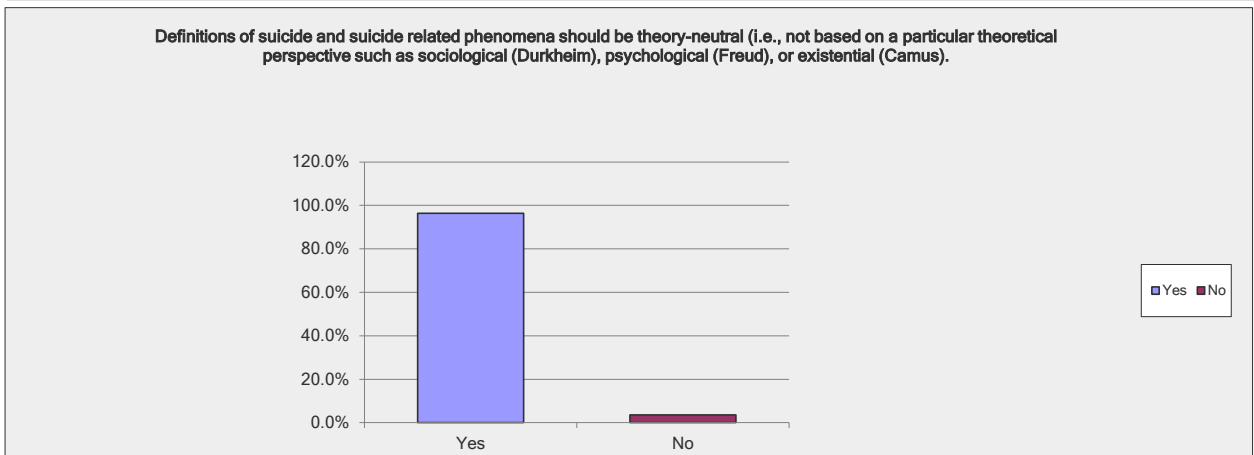
**Q5. Determination of the intentions behind suicidal-related actions (especially when they are implicit) requires assessment by a trained mental health professional.**

Answer Options	Response Percent	Response Count
Yes	78.4%	69
No	21.6%	19
<i>answered question</i>		<b>88</b>
<i>skipped question</i>		<b>1</b>



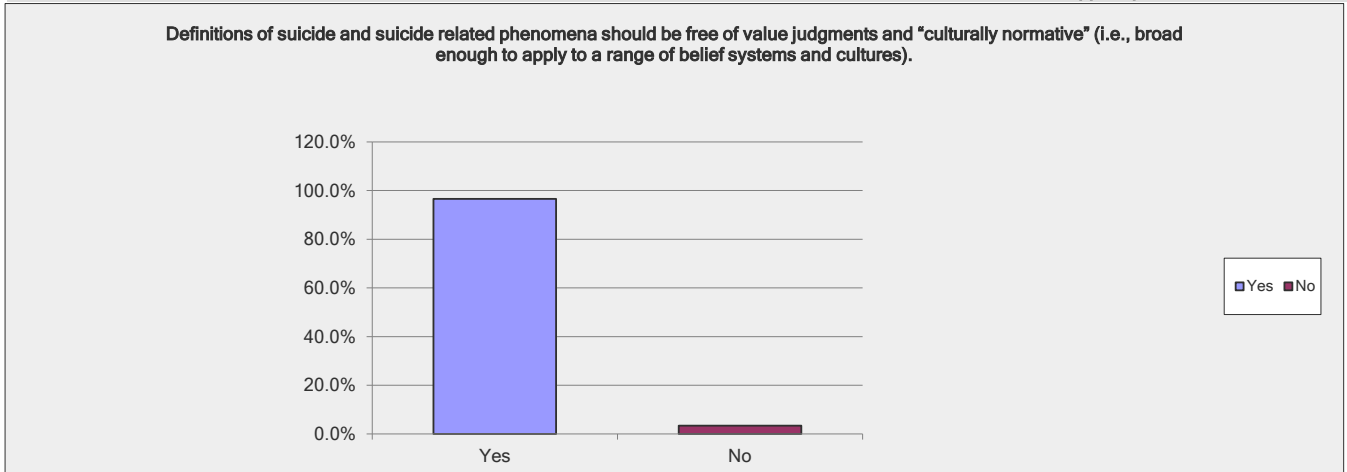
**Q6. Definitions of suicide and suicide related phenomena should be theory-neutral (i.e., not based on a particular theoretical perspective such as sociological (Durkheim), psychological (Freud), or existential (Camus)).**

Answer Options	Response Percent	Response Count
Yes	96.4%	81
No	3.6%	3
<i>answered question</i>		<b>84</b>
<i>skipped question</i>		<b>5</b>



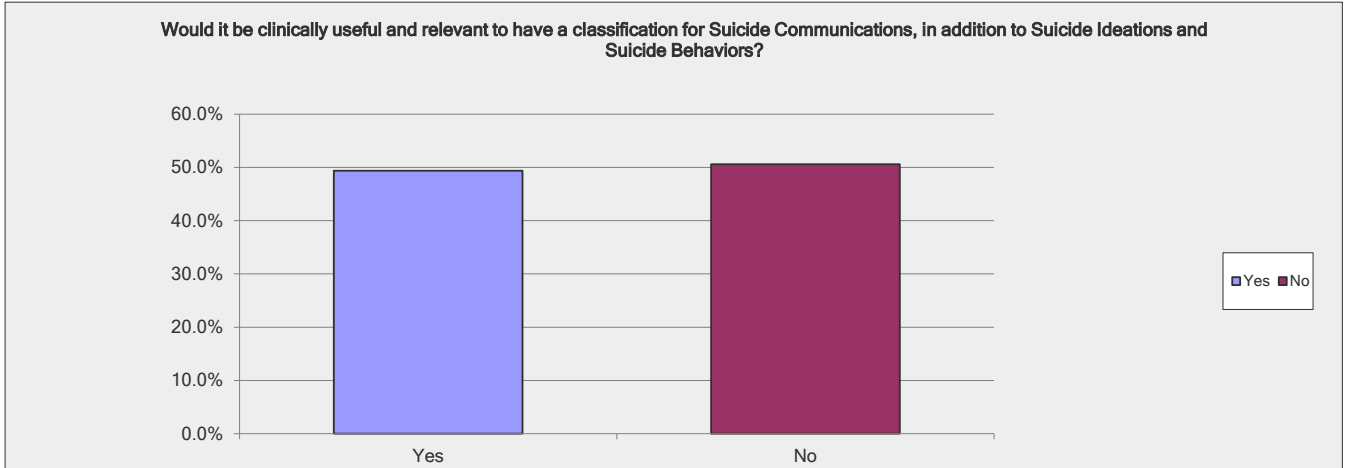
**Q7. Definitions of suicide and suicide related phenomena should be free of value judgments and “culturally normative” (i.e., broad enough to apply to a range of belief systems and cultures).**

Answer Options	Response Percent	Response Count
Yes	96.6%	84
No	3.4%	3
<i>answered question</i>		<b>87</b>
<i>skipped question</i>		<b>2</b>



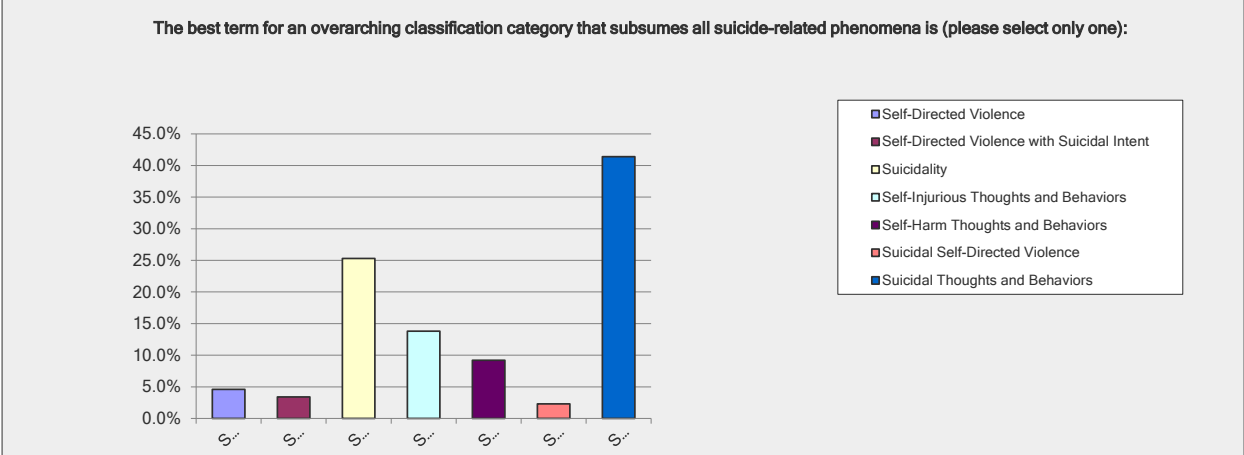
**Q8. Would it be clinically useful and relevant to have a classification for Suicide Communications, in addition to Suicide Ideations and Suicide Behaviors?**

Answer Options	Response Percent	Response Count
Yes	49.4%	38
No	50.6%	39
<i>answered question</i>		<b>77</b>
<i>skipped question</i>		<b>12</b>



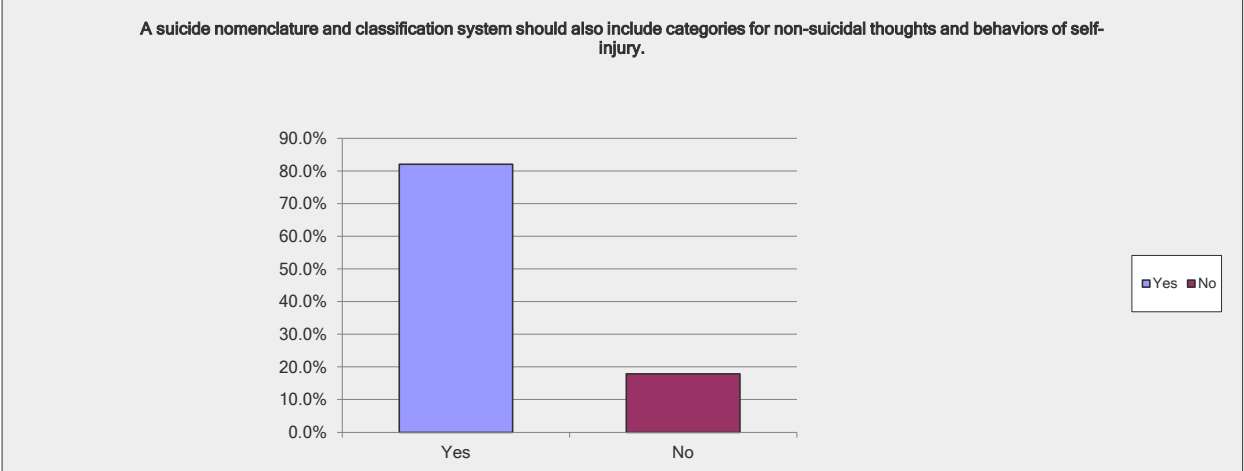
**Q9. The best term for an overarching classification category that subsumes all suicide-related phenomena is (please select only one):**

Answer Options	Response Percent	Response Count
Self-Directed Violence	4.6%	4
Self-Directed Violence with Suicidal Intent	3.4%	3
Suicidality	25.3%	22
Self-Injurious Thoughts and Behaviors	13.8%	12
Self-Harm Thoughts and Behaviors	9.2%	8
Suicidal Self-Directed Violence	2.3%	2
Suicidal Thoughts and Behaviors	41.4%	36
<i>answered question</i>		<b>87</b>
<i>skipped question</i>		<b>2</b>



**Q10. A suicide nomenclature and classification system should also include categories for non-suicidal thoughts and behaviors of self-injury.**

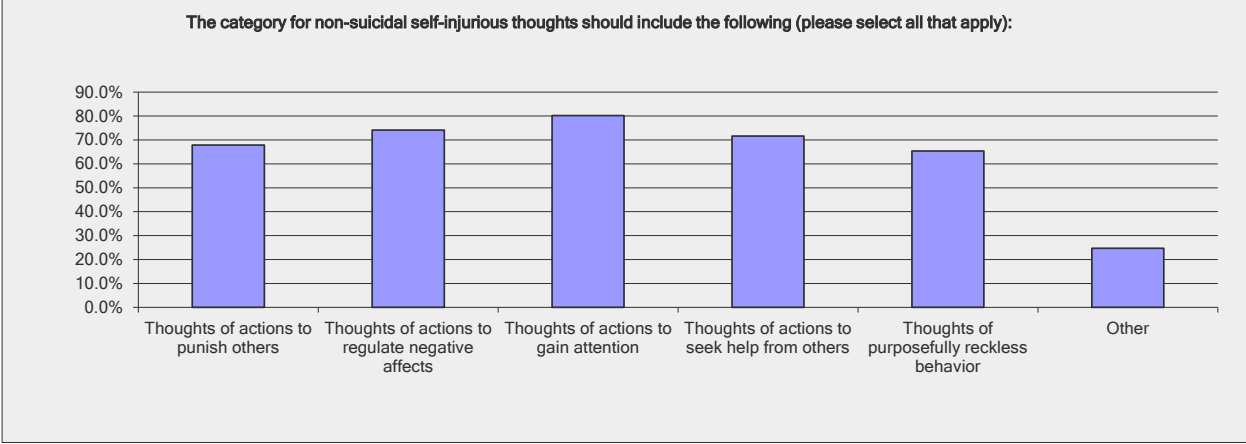
Answer Options	Response Percent	Response Count
Yes	82.1%	69
No	17.9%	15
<i>answered question</i>		<b>84</b>
<i>skipped question</i>		<b>5</b>



**Q11. The category for non-suicidal self-injurious thoughts should include the following (please select all that apply):**

Answer Options	Response Percent	Response Count
Thoughts of actions to punish others	67.9%	55
Thoughts of actions to regulate negative affects	74.1%	60
Thoughts of actions to gain attention	80.2%	65
Thoughts of actions to seek help from others	71.6%	58
Thoughts of purposefully reckless behavior	65.4%	53
Other	24.7%	20

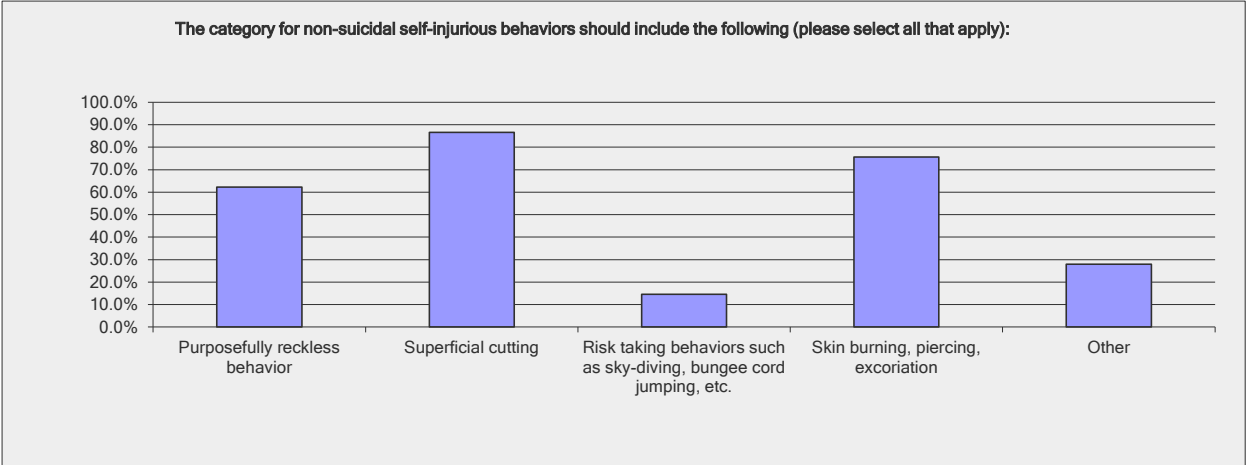
*answered question* **81**  
*skipped question* **8**



**Q12. The category for non-suicidal self-injurious behaviors should include the following (please select all that apply):**

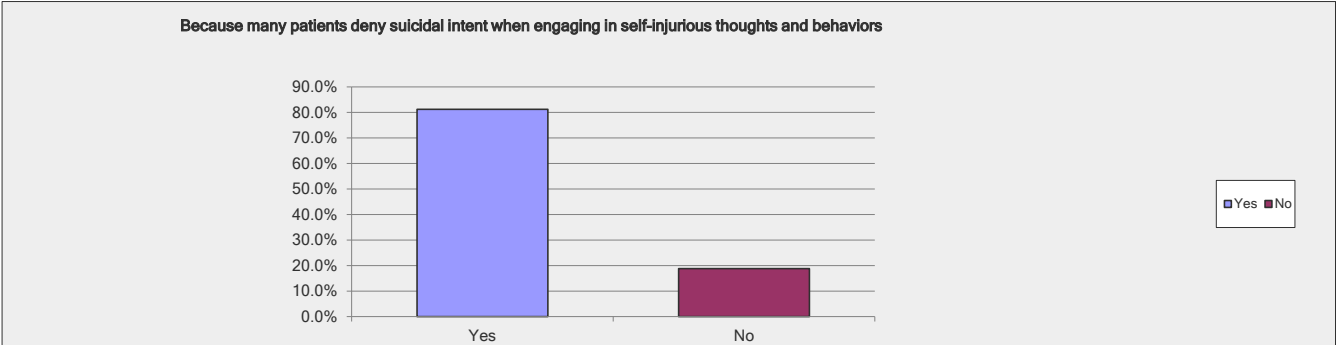
Answer Options	Response Percent	Response Count
Purposefully reckless behavior	62.2%	51
Superficial cutting	86.6%	71
Risk taking behaviors such as sky-diving, bungee cord jumping, etc.	14.6%	12
Skin burning, piercing, excoriation	75.6%	62
Other	28.0%	23

*answered question* **82**  
*skipped question* **7**



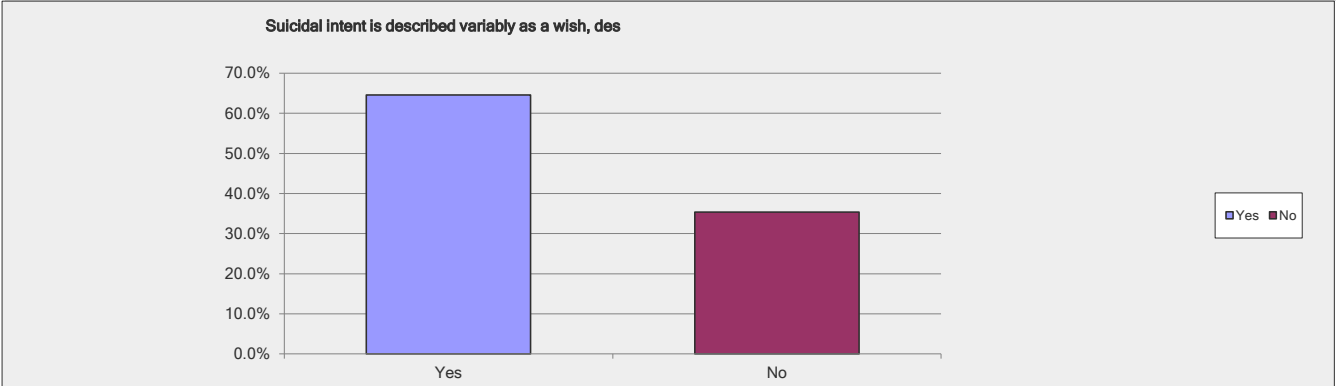
**Q13. Because many patients deny suicidal intent when engaging in self-injurious thoughts and behaviors, or the available evidence for determining whether a thought or action was truly suicide-related is inconclusive, should there be a classification heading titled, "Undetermined," as in "Undetermined Suicide Ideation," and "Undetermined Suicidal Behavior"?**

Answer Options	Response Percent	Response Count
Yes	81.2%	69
No	18.8%	16
<i>answered question</i>		<b>85</b>
<i>skipped question</i>		<b>4</b>



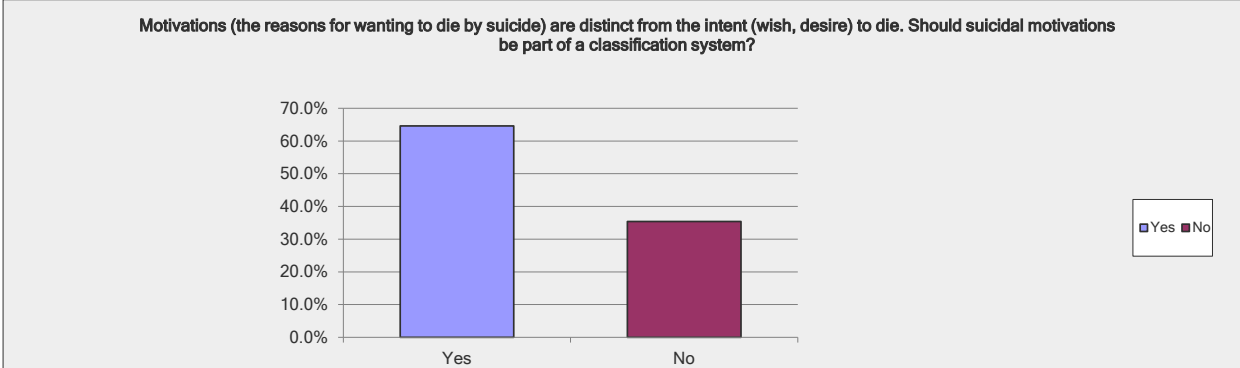
**Q14. Suicidal intent is described variably as a wish, desire, need, or a preference to be injured or to die by self-inflicted injury. It has also been defined as the state of a person's mind that directs them towards a specific action. Can there be suicide-related thoughts and behaviors without an intent to die?**

Answer Options	Response Percent	Response Count
Yes	64.6%	53
No	35.4%	29
<i>answered question</i>		<b>82</b>
<i>skipped question</i>		<b>7</b>



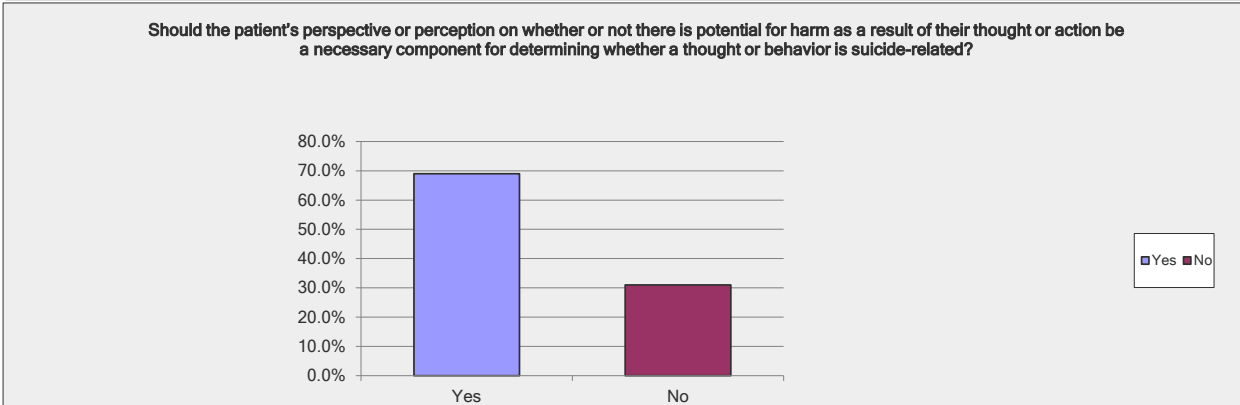
**Q15. Motivations (the reasons for wanting to die by suicide) are distinct from the intent (wish, desire) to die. Should suicidal motivations be part of a classification system?**

Answer Options	Response Percent	Response Count
Yes	64.6%	51
No	35.4%	28
<i>answered question</i>		<b>79</b>
<i>skipped question</i>		<b>10</b>



**Q16. Should the patient's perspective or perception on whether or not there is potential for harm as a result of their thought or action be a necessary component for determining whether a thought or behavior is suicide-related?**

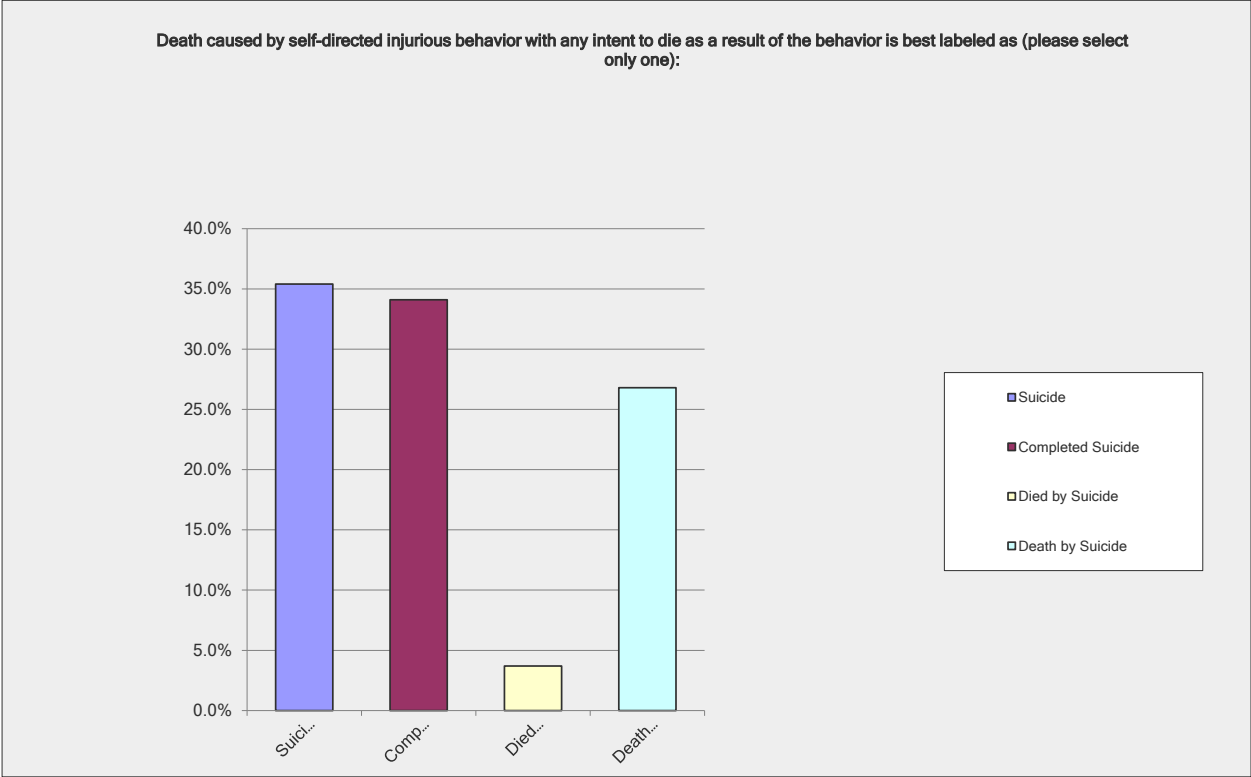
Answer Options	Response Percent	Response Count
Yes	69.0%	58
No	31.0%	26
<i>answered question</i>		<b>84</b>
<i>skipped question</i>		<b>5</b>





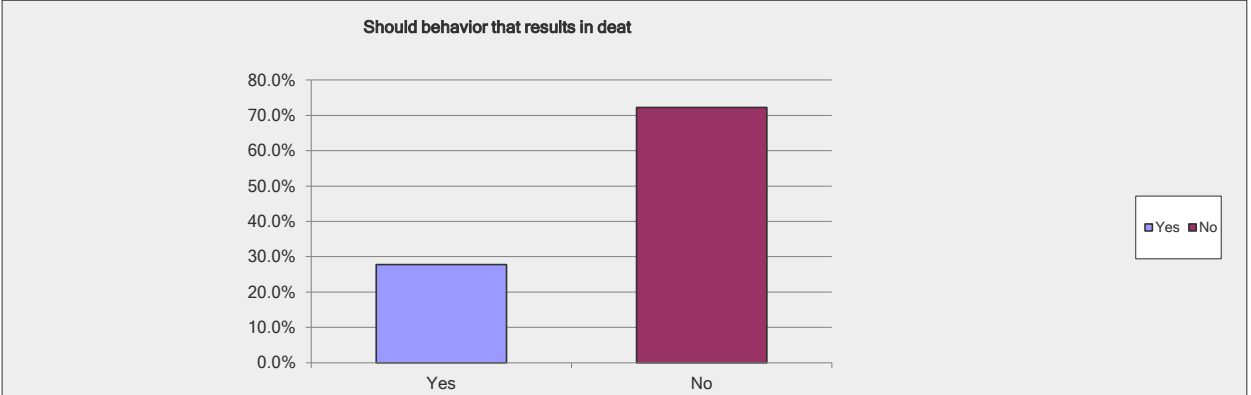
**Q17. Death caused by self-directed injurious behavior with any intent to die as a result of the behavior is best labeled as (please select only one):**

Answer Options	Response Percent	Response Count
Suicide	35.4%	29
Completed Suicide	34.1%	28
Died by Suicide	3.7%	3
Death by Suicide	26.8%	22
<i>answered question</i>		<b>82</b>
<i>skipped question</i>		<b>7</b>



**Q18. Should behavior that results in death and is purposely reckless, or purposely failing to act to prevent death, or negligent (e.g., deliberately failing to take insulin prescribed to treat one's diabetes) be labeled as a suicide, even if it is not possible to infer the person intended to die?**

Answer Options	Response Percent	Response Count
Yes	27.8%	22
No	72.2%	57
<i>answered question</i>		<b>79</b>
<i>skipped question</i>		<b>10</b>



**Q19. The term "Self-Directed Violence" (defined as behavior that is self-directed and deliberately results in injury or the potential for injury to oneself) is clinically relevant, unambiguous, and easily understood and applied.**

Answer Options	Response Percent	Response Count
Yes	45.8%	38
No	54.2%	45
<i>answered question</i>		<b>83</b>
<i>skipped question</i>		<b>6</b>

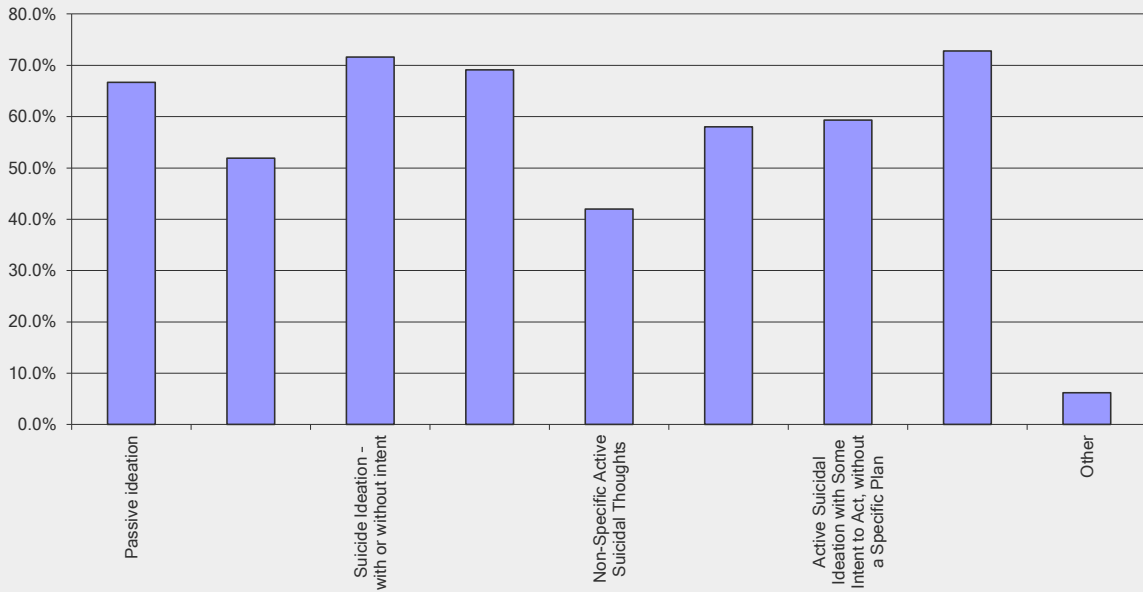
The term "Self-Directed Violence" (defined as behavior that is self-directed and deliberately results in injury or the potential for injury to oneself) is clinically relevant, unambiguous, and easily understood and applied.



**Q20. There are different types of suicidal ideations. Which of the following terms best differentiate the types of suicidal ideations (please select all that apply):**

Answer Options	Response Percent	Response Count
Passive ideation	66.7%	54
Active ideation	51.9%	42
Suicide Ideation - with or without intent	71.6%	58
Suicide Ideation - with or without plan	69.1%	56
Non-Specific Active Suicidal Thoughts	42.0%	34
Active Suicidal Ideation with any Methods (Not Plan) without Intent to Act	58.0%	47
Active Suicidal Ideation with Some Intent to Act, without a Specific Plan	59.3%	48
Active Suicidal Ideation with Specific Plan and Intent	72.8%	59
Other	6.2%	5
<i>answered question</i>		<b>81</b>
<i>skipped question</i>		<b>8</b>

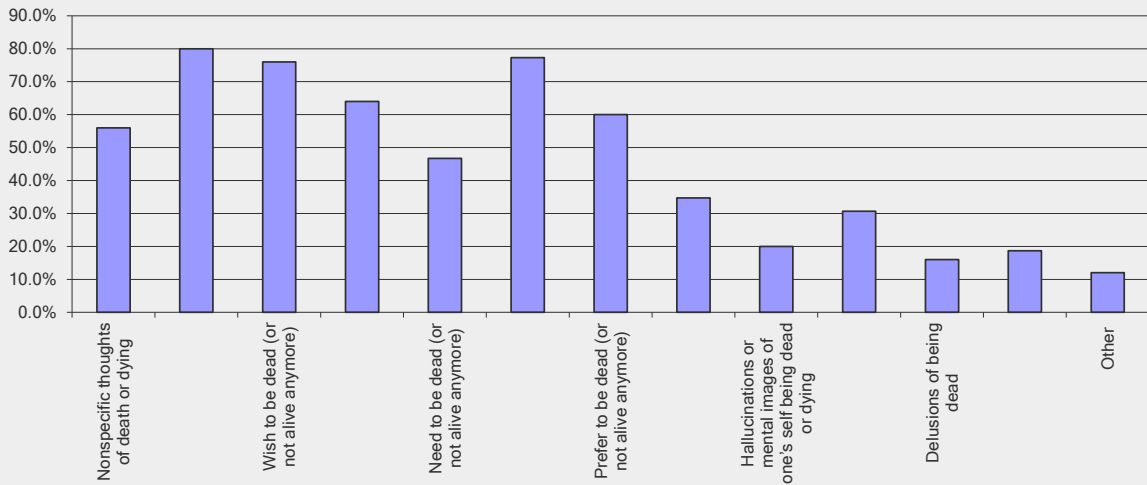
There are different types of suicidal ideations. Which of the following terms best differentiate the types of suicidal ideations (please select all that apply):



**Q21. The category of passive ideation should include the following (please select all that apply):**

Answer Options	Response Percent	Response Count
Nonspecific thoughts of death or dying	56.0%	42
Desire to go to sleep and never wake up	80.0%	60
Wish to be dead (or not alive anymore)	76.0%	57
Want to be dead (or not alive anymore)	64.0%	48
Need to be dead (or not alive anymore)	46.7%	35
Would be better off dead (or not alive anymore)	77.3%	58
Prefer to be dead (or not alive anymore)	60.0%	45
Dreams of being dead or dying	34.7%	26
Hallucinations or mental images of one's self being dead or dying	20.0%	15
Obsessions of being dead or dying	30.7%	23
Delusions of being dead	16.0%	12
Images of death and dying	18.7%	14
Other	12.0%	9
<b>answered question</b>		<b>75</b>
<b>skipped question</b>		<b>14</b>

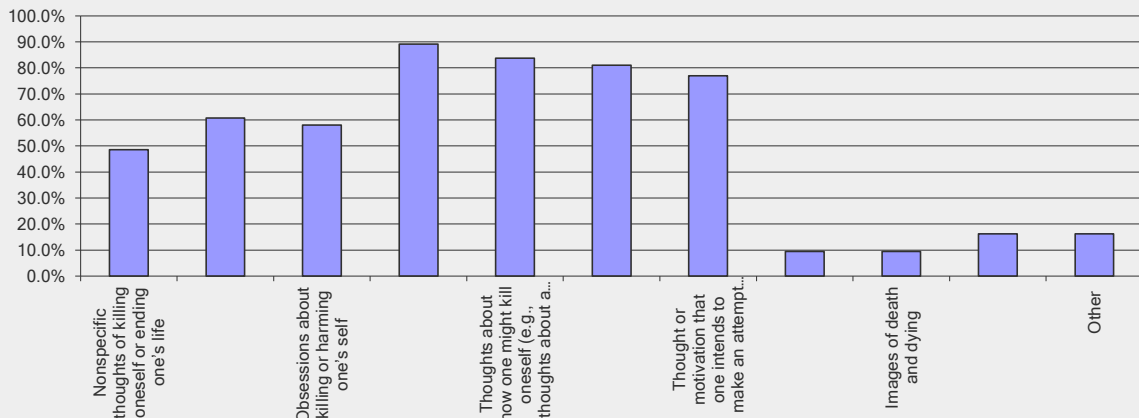
The category of passive ideation should include the following (please select all that apply):



**Q22. The category of active suicidal ideation should include the following (please select all that apply):**

Answer Options	Response Percent	Response Count
Nonspecific thoughts of killing oneself or ending one's life	48.6%	36
Command hallucinations to kill or harm one's self	60.8%	45
Obsessions about killing or harming one's self	58.1%	43
Thoughts of making a plan to kill oneself or end one's life in the future	89.2%	66
Thoughts about how one might kill oneself (e.g., thoughts about a method, means, specific location and time, etc.)	83.8%	62
Thoughts about preparing a will, making a note, giving away possessions, completing unfinished tasks in preparation for suicide.	81.1%	60
Thought or motivation that one intends to make an attempt to kill oneself or die by suicide	77.0%	57
Delusions of being dead	9.5%	7
Images of death and dying	9.5%	7
Dreams of killing oneself	16.2%	12
Other	16.2%	12
<b>answered question</b>		<b>74</b>
<b>skipped question</b>		<b>15</b>

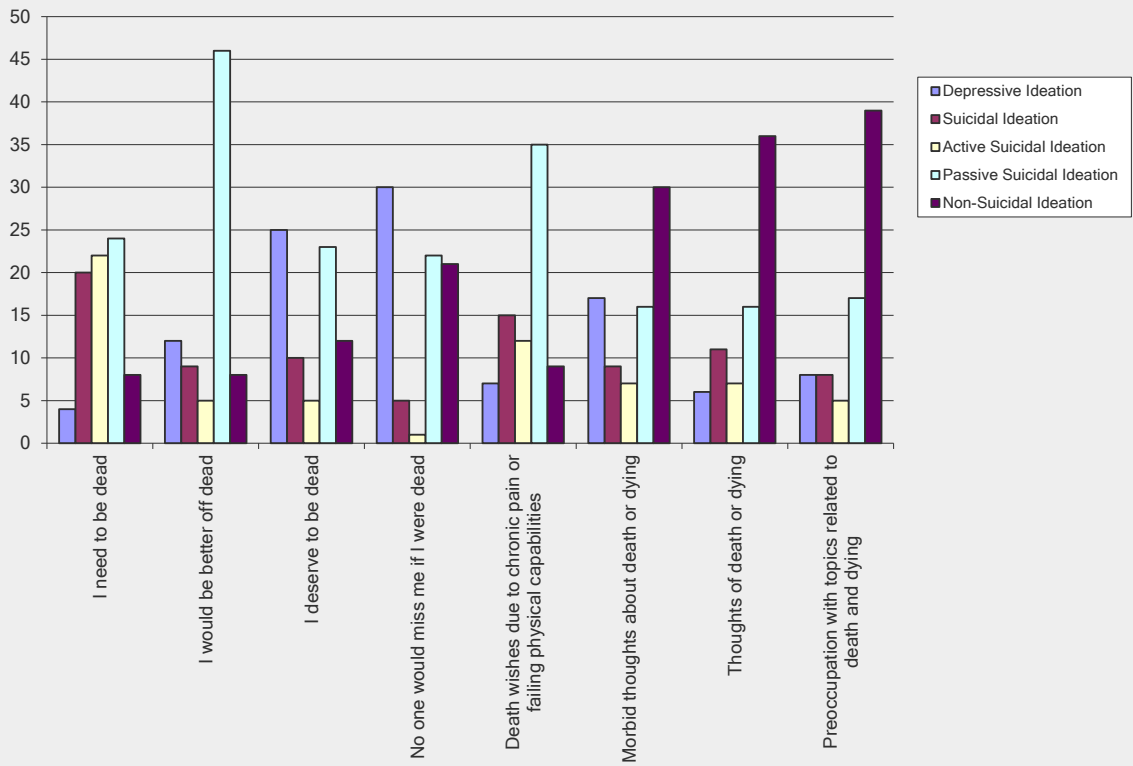
The category of active suicidal ideation should include the following (please select all that apply):



Q23. Please select the best term (only one) for each of the following statements in the left column:

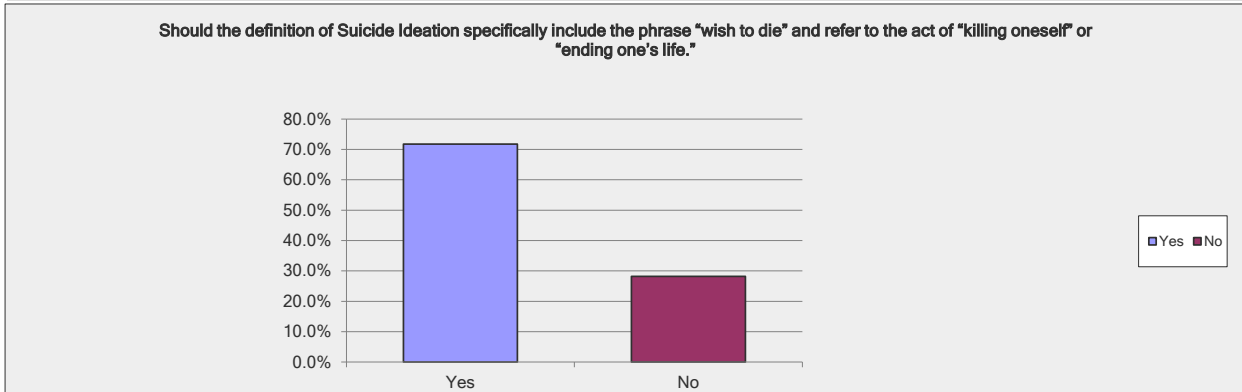
Answer Options	Non-Suicidal Ideation	Passive Suicidal Ideation	Active Suicidal Ideation	Suicidal Ideation	Depressive Ideation	Response Count
I need to be dead	8	24	22	20	4	78
I would be better off dead	8	46	5	9	12	80
I deserve to be dead	12	23	5	10	25	75
No one would miss me if I were dead	21	22	1	5	30	79
Death wishes due to chronic pain or failing physical	9	35	12	15	7	78
Morbid thoughts about death or dying	30	16	7	9	17	79
Thoughts of death or dying	36	16	7	11	6	76
Preoccupation with topics related to death and dying	39	17	5	8	8	77
<i>answered question</i>						<b>81</b>
<i>skipped question</i>						<b>8</b>

Please select the best term (only one) for each of the following statements in the left column:



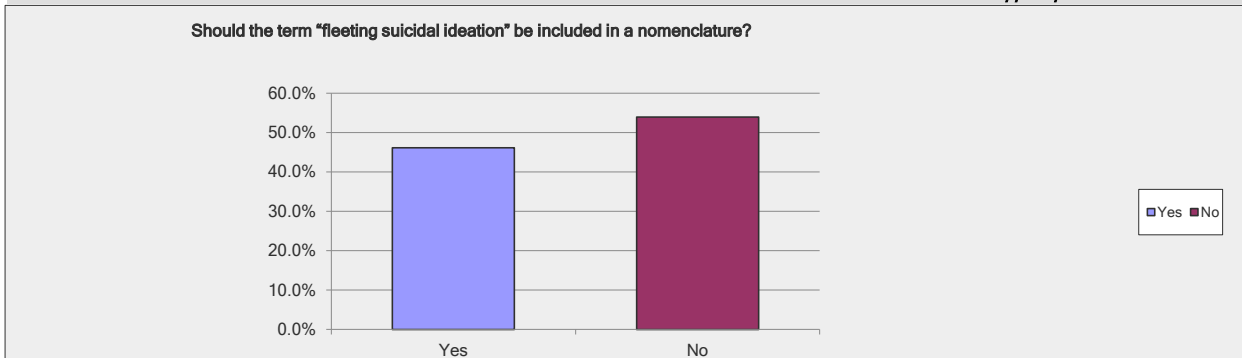
**Q24. Should the definition of Suicide Ideation specifically include the phrase "wish to die" and refer to the act of "killing oneself" or "ending one's life."**

Answer Options	Response Percent	Response Count
Yes	71.8%	56
No	28.2%	22
<i>answered question</i>		<b>78</b>
<i>skipped question</i>		<b>11</b>



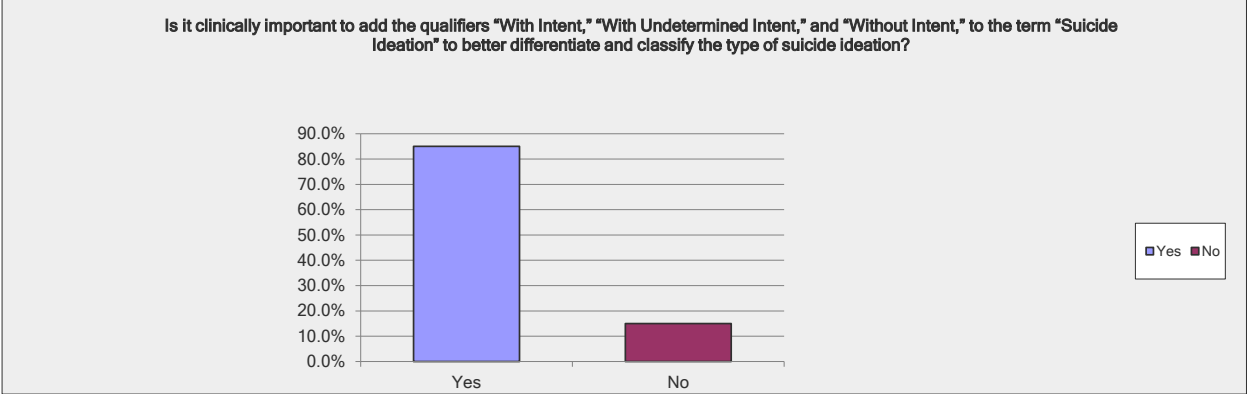
**Q25. Should the term "fleeting suicidal ideation" be included in a nomenclature?**

Answer Options	Response Percent	Response Count
Yes	46.1%	35
No	53.9%	41
<i>answered question</i>		<b>76</b>
<i>skipped question</i>		<b>13</b>



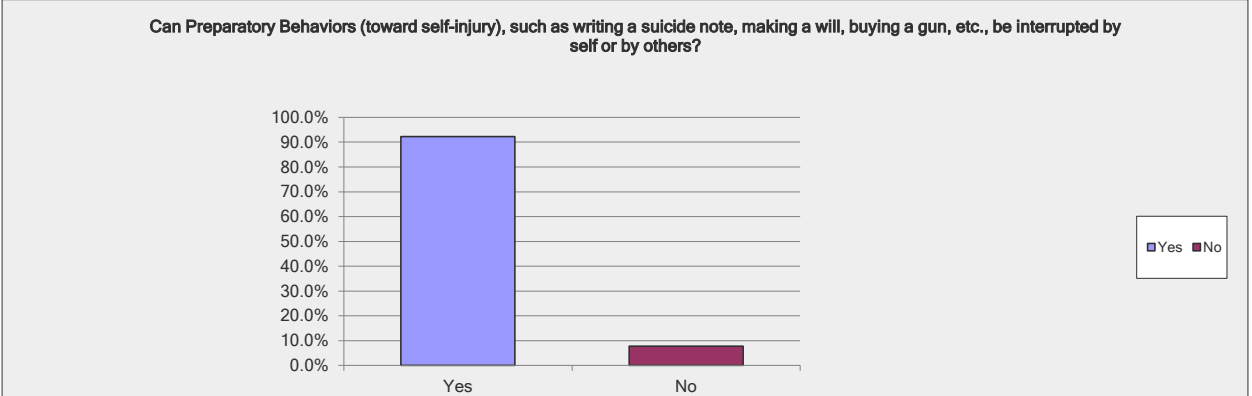
**Q26. Is it clinically important to add the qualifiers "With Intent," "With Undetermined Intent," and "Without Intent," to the term "Suicide Ideation" to better differentiate and classify the type of suicide ideation?**

Answer Options	Response Percent	Response Count
Yes	85.0%	68
No	15.0%	12
		<b>answered question</b> 80
		<b>skipped question</b> 9



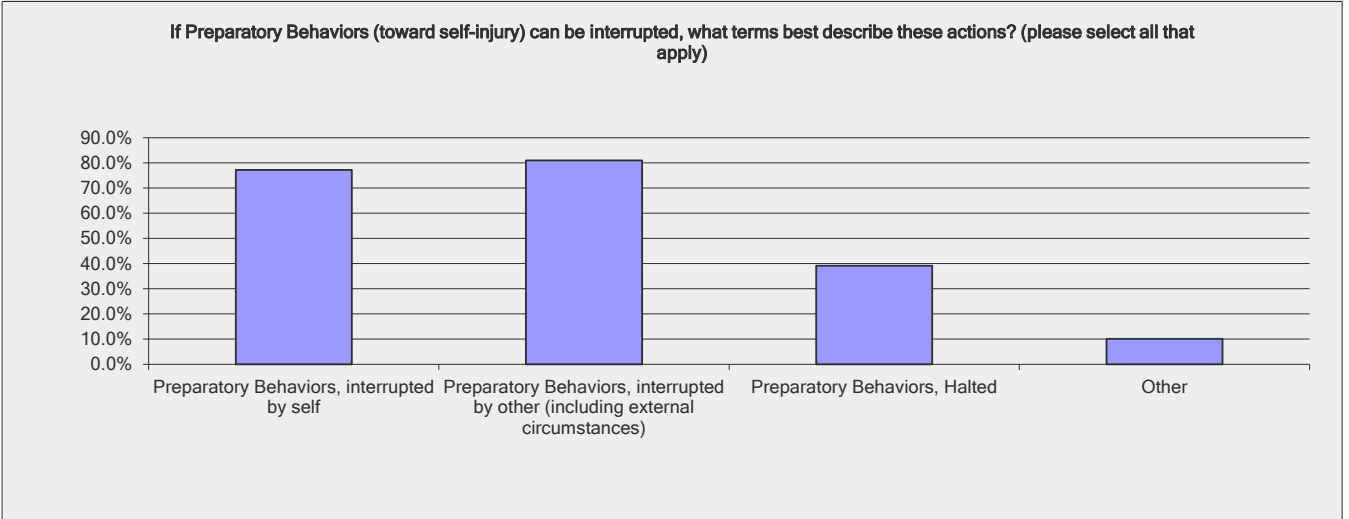
**Q27. Can Preparatory Behaviors (toward self-injury), such as writing a suicide note, making a will, buying a gun, etc., be interrupted by self or by others?**

Answer Options	Response Percent	Response Count
Yes	92.2%	71
No	7.8%	6
		<b>answered question</b> 77
		<b>skipped question</b> 12



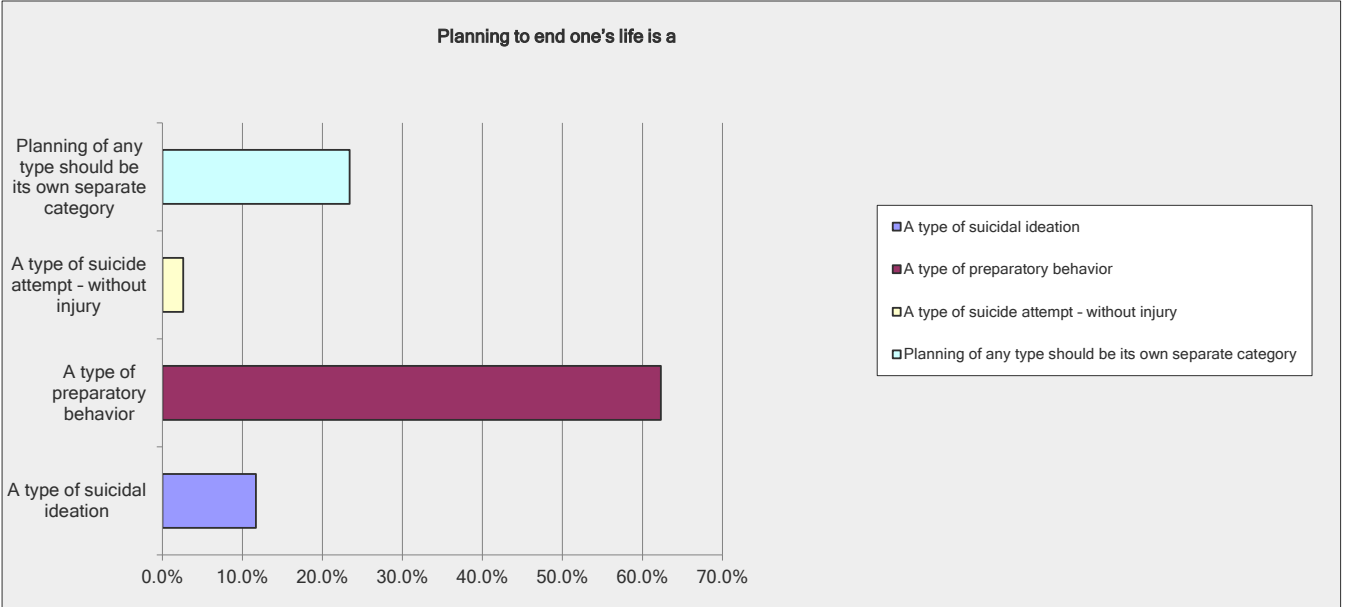
**Q28.If Preparatory Behaviors (toward self-injury) can be interrupted, what terms best describe these actions? (please select all that apply)**

Answer Options	Response Percent	Response Count
Preparatory Behaviors, interrupted by self	77.2%	61
Preparatory Behaviors, interrupted by other (including external circumstances)	81.0%	64
Preparatory Behaviors, Halted	39.2%	31
Other	10.1%	8
<i>answered question</i>		<b>79</b>
<i>skipped question</i>		<b>10</b>



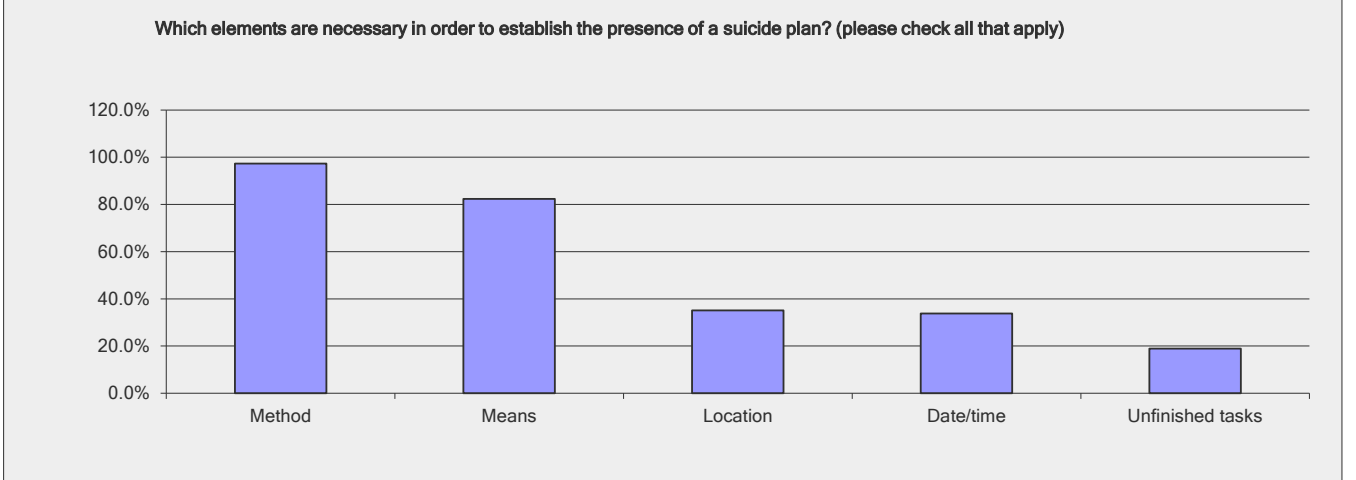
**Q29.Planning to end one’s life is a suicide-related phenomenon. It can be just a thought (“In order to buy a gun I must go get money from the bank”), or it can be behavior (“I went to the bank and got out money to buy a gun”). How would you best classify “Planning”? (please select only one)**

Answer Options	Response Percent	Response Count
A type of suicidal ideation	11.7%	9
A type of preparatory behavior	62.3%	48
A type of suicide attempt - without injury	2.6%	2
Planning of any type should be its own separate category	23.4%	18
<i>answered question</i>		<b>77</b>
<i>skipped question</i>		<b>12</b>



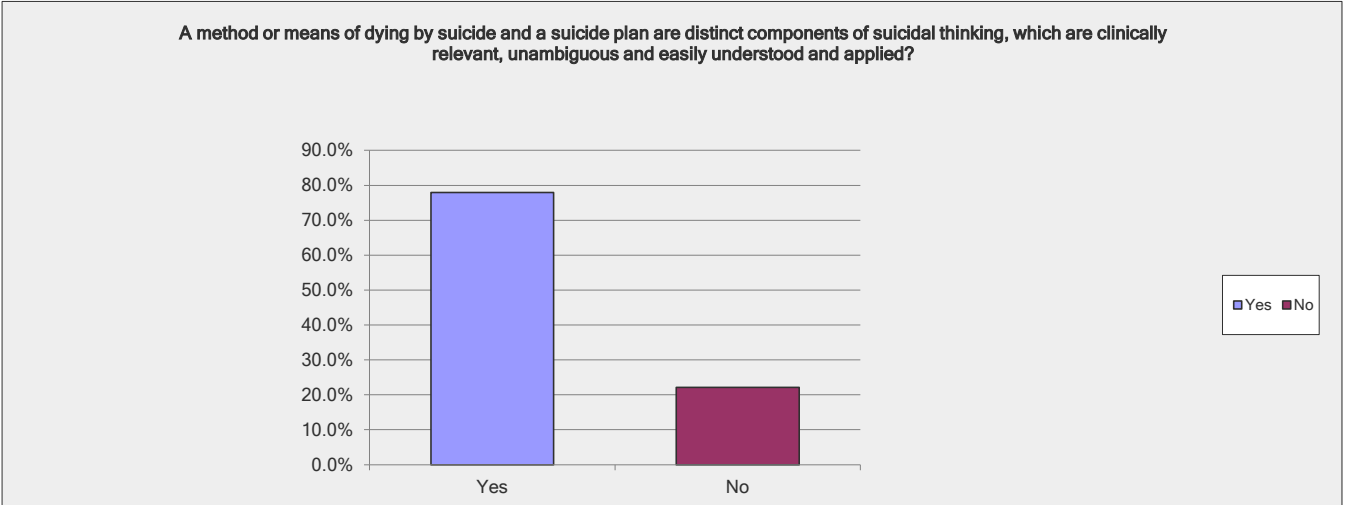
**Q30. Which elements are necessary in order to establish the presence of a suicide plan? (please check all that apply)**

Answer Options	Response Percent	Response Count
Method	97.3%	72
Means	82.4%	61
Location	35.1%	26
Date/time	33.8%	25
Unfinished tasks	18.9%	14
<i>answered question</i>		<b>74</b>
<i>skipped question</i>		<b>15</b>



**Q31. A method or means of dying by suicide and a suicide plan are distinct components of suicidal thinking, which are clinically relevant, unambiguous and easily understood and applied?**

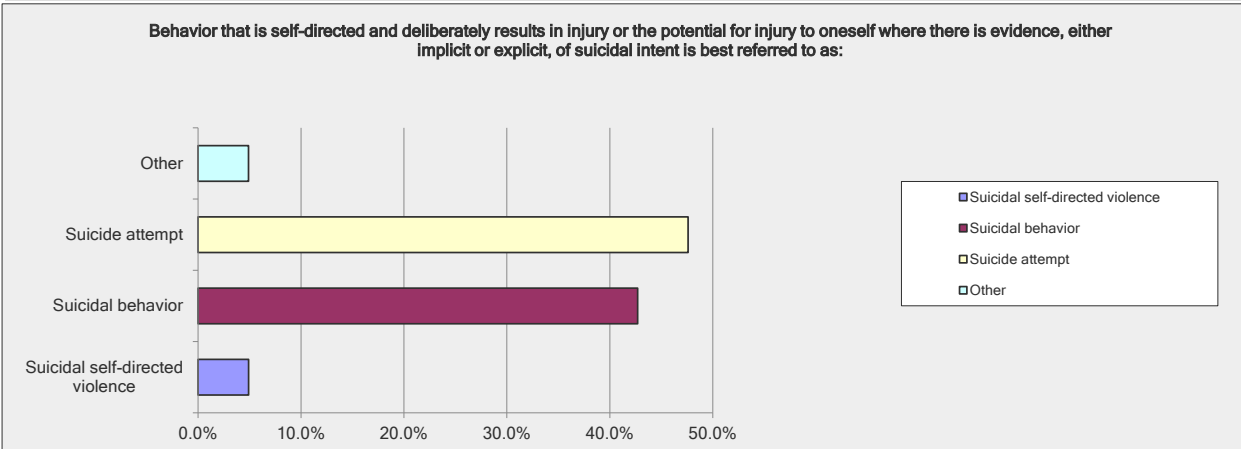
Answer Options	Response Percent	Response Count
Yes	77.9%	60
No	22.1%	17
<i>answered question</i>		<b>77</b>
<i>skipped question</i>		<b>12</b>





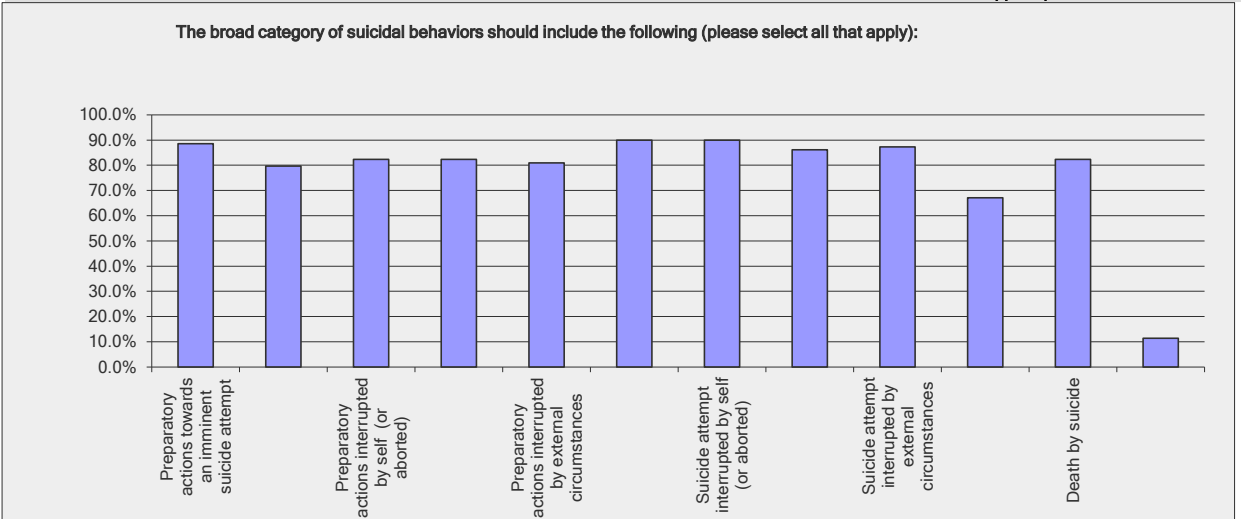
**Q32. Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself where there is evidence, either implicit or explicit, of suicidal intent is best referred to as:**

Answer Options	Response Percent	Response Count
Suicidal self-directed violence	4.9%	4
Suicidal behavior	42.7%	35
Suicide attempt	47.6%	39
Other	4.9%	4
<i>answered question</i>		<b>82</b>
<i>skipped question</i>		<b>7</b>



**Q33. The broad category of suicidal behaviors should include the following (please select all that apply):**

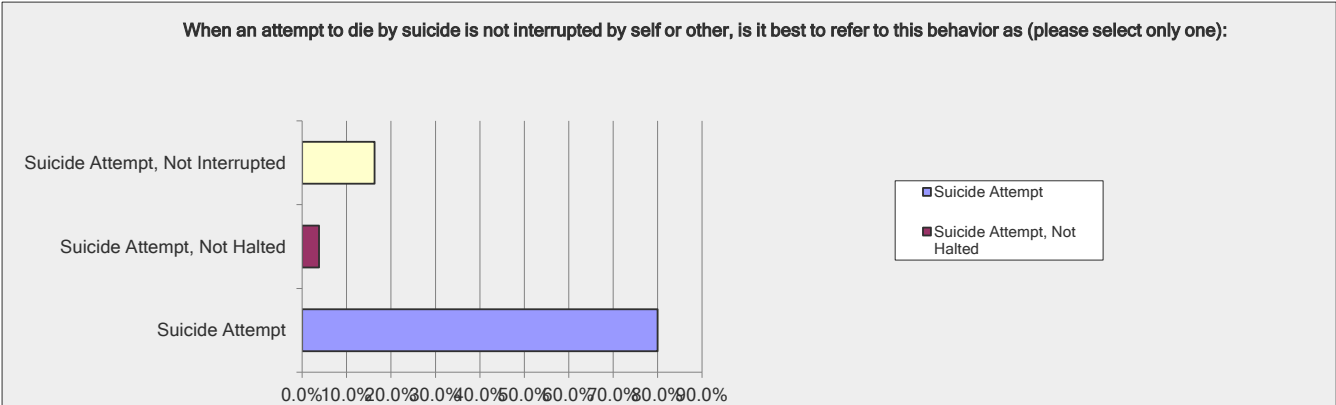
Answer Options	Response Percent	Response Count
Preparatory actions towards an imminent suicide attempt	88.6%	70
Preparatory actions towards suicide at some time in the future	79.7%	63
Preparatory actions interrupted by self (or aborted)	82.3%	65
Preparatory actions interrupted by other	82.3%	65
Preparatory actions interrupted by external circumstances	81.0%	64
Suicide attempt	89.9%	71
Suicide attempt interrupted by self (or aborted)	89.9%	71
Suicide attempt interrupted by other person	86.1%	68
Suicide attempt interrupted by external circumstances	87.3%	69
Suicide halted	67.1%	53
Death by suicide	82.3%	65
Other	11.4%	9
<i>answered question</i>		<b>79</b>
<i>skipped question</i>		<b>10</b>



SIB Consensus Pre-meeting Survey: Nomenclature & Classification

**Q34. When an attempt to die by suicide is not interrupted by self or other, is it best to refer to this behavior as (please select only one):**

Answer Options	Response Percent	Response Count
Suicide Attempt	80.0%	64
Suicide Attempt, Not Halted	3.8%	3
Suicide Attempt, Not Interrupted	16.3%	13
<i>answered question</i>		<b>80</b>
<i>skipped question</i>		<b>9</b>



**Q35. Is it clinically important to add the qualifiers "With Injury" and "Without Injury" to the term "Suicide Attempt" to better differentiate and classify the behavior?**

Answer Options	Response Percent	Response Count
Yes	62.0%	49
No	38.0%	30
<i>answered question</i>		<b>79</b>
<i>skipped question</i>		<b>10</b>

