

# **The Modified Scale for Suicidal Ideation**

**Ivan W. Miller  
William H. Norman  
Stephen B. Bishop  
Michael G. Dow**

**Department of Psychiatry and Human Behavior  
Brown University and Butler Hospital**

Name\_\_\_\_\_

Total Score\_\_\_\_\_

Date\_\_\_\_\_

## **Instructions**

**The purpose of this scale is to assess the presence or absence of suicide ideation and the degree of severity of suicidal ideas. The time frame is from the point of interview and the previous 48 hours.**

### **1. Wish to die**

*Over the past day or two have you thought about wanting to die?*

*Do you want to die now?*

*(If the patient wants to die ask: Over the past day or two how often have you had the thought that you wanted to die? A little? Quite often? a lot?*

*When you have wished for death, how strong has the desire been? Weak? Moderately strong? Very strong?)*

0. None - no current wish to die, hasn't had any thought about wanting to die.
1. Weak - unsure about whether he/she wants to die, seldom thinks about death, or intensity seems low.
2. Moderate - current desire to die, may be preoccupied with ideas about death, or intensity seems greater than a rating of 1.
3. Strong - current death wish, high frequency or high intensity during the past day or two.

### **2. Wish to live**

*Over the past day or two have you thought that you want to live?*

*Do you care if you live or die?*

*(If the patient wants to live ask: Over the past day or two how often have you thought about wanting to live? A little? Quite often? A lot? How sure are you that you really want to live?)*

0. Strong - current desire to live, high frequency or high intensity.
1. Moderate - current desire to live, thinks about wanting to live quite often, can easily turn his/her thoughts away from death or intensity seems more than a rating of 2.
2. Weak - unsure about whether he/she wants to live, occasional thoughts about living or intensity seems low.
3. None - patient has no wish to live.

### **3. Desire to make an active suicide attempt**

*Over the past day or two when you have thought about suicide*

*did you want to kill yourself? How often? A little? Quite often? A lot?*

*Do you want to kill yourself now?*

0. None - patient may have had thoughts but does not want to make an attempt.
1. Weak - patient isn't sure whether he/she wants to make an attempt.
2. Moderate - wanted to act on thoughts at least once in the last 48 hours.
3. Strong - wanted to act on thoughts several times and/or almost certain he wants to kill self.

**4. Passive suicide attempt**

*Right now would you deliberately ignore taking care of your health?*

*Do you feel like trying to die by eating too much (too little), drinking too much (too little), or by not taking needed medications?*

*Have you felt like doing any of these things over the past day or two?*

*Over the past day or two, have you thought it might be good to leave life or death to chance, for example, carelessly crossing a busy street, driving recklessly, or even walking alone at night in a rough part of town?*

0. None - would take precautions to maintain life.
1. Weak - not sure whether he/she would leave life/death to chance, or has thought about gambling with fate at least once in the last two days.
2. Moderate - would leave life/death to chance, almost sure he/she would gamble.
3. Strong - avoided steps necessary to maintain or save life, e.g., stopped taking needed medications.

**CUT-OFF INSTRUCTIONS - If Item 1 and Item 2 are scored less than "2" and Items 3 and 4 are scored 0, then STOP. Otherwise continue with full scale.**

**5. Duration of thoughts**

*Over the past day or two when you have thought about suicide how long did the thoughts last?*

*Were they fleeting, e.g., a few seconds?*

*Did they occur for a while, then stop, e.g., a few minutes?*

*Did they occur for longer periods, e.g., an hour at a time?*

*Is it to the point where you can't seem to get them out of your mind?*

0. Brief - fleeting periods.
1. Short duration - several minutes.
2. Longer - an hour or more.
3. Almost continuous - patient finds it hard to turn attention away from suicidal thoughts, can't seem to get them out of his/her mind.

**6. Frequency of ideation**

*Over the last day or two how often have you thought about suicide? Once a day? Once an hour? More than that? All the time?*

0. Rare - once in the past 48 hours.
1. Low frequency - twice or more over the last 48 hours.
2. Intermittent - approximately every hour
3. Persistent - several times an hour.

**7. Intensity of thoughts**

*Over the past day or two, when you have thought about suicide, have they been intense (powerful)?*

*How intense have they been? Weak? Somewhat strong? Moderately strong? Very strong?*

0. Very weak.
1. Weak.
2. Moderate.
3. Strong.

**8. Deterrent to active attempt**

*Can you think of anything that would keep you from killing yourself?  
(Your religion, consequences for your family, chance that you may injure yourself seriously if unsuccessful).*

- 0. Definite deterrent - wouldn't attempt suicide because of deterrents. Patient must name one deterrent.
- 1. Probable deterrent -can name at least one deterrent, but does not definitely rule out suicide.
- 2. Questionable deterrent - patient has trouble naming any deterrents, seems focused on the advantages to suicide, minimal concern over deterrents.
- 3. No deterrents - no concern over consequences to self or others.

**9. Reasons for living and dying**

*Right now can you think of any reasons why you should stay alive?  
What about over the past day or two?  
Over the past day or two have you thought that there are things happening in your life that make you want to die?  
(If the patient says there are clear reasons for living and dying, ask what they are and write them verbatim in the section provided. Ask the remaining questions)*

Living

Dying

*Do you think that your reasons for dying are better than your reasons for living?  
Would you say that your reasons for living are better than your reasons for dying?  
Are your reasons for living and dying about equal in strength, 50-50?*

- 0. Patient has no reasons for dying, never occurred to him/her to weigh reasons.
- 1. Has reasons for living and occasionally has thought about reasons for dying.
- 2. Not sure about which reasons are more powerful, living and dying are about equal, or those for dying slightly outweigh those for living.
- 3. Reasons for dying strongly outweigh those for living, can't think of any reasons for living.

**Method:**

*Over the last day or two have you been thinking about a way to kill yourself, the method you might use?  
 Do you know where to get these materials?  
 Have you thought about jumping from a high place? Where would you jump?  
 Have you thought about using a car to kill yourself? Your own? Someone else's?  
 What highway or road would you use?  
 When would you try to kill yourself? Is there a special event (e.g., anniversary, birthday with which you would like to associate your suicide?  
 Have you thought of any other ways you might kill yourself? (note details verbatim).*

(The interviewer should try to get as detailed a description as possible about the patient's plan and degree of specificity - Record this information in narrative fashion below and then rate item 10)

---

---

---

---

---

---

---

---

---

---

**10. Degree of specificity/planning**

- 0. Not considered, method not thought about.
- 1. Minimal consideration.
- 2. Moderate consideration.
- 3. Details worked out, plans well formulated.

**11. Method: Availability/opportunity**

*Over the past day or two have you thought methods are available to you to commit suicide?  
 Would it take time/effort to create an opportunity to kill yourself?  
 Do you foresee opportunities being available to you in the near future (e.g., leaving hospital)?*

- 0. Method not available, no opportunity.
- 1. Method would take time/effort, opportunity not readily available, e.g., would have to purchase poisons, get prescription, borrow or buy a gun.
- 2. Future opportunity or availability anticipated - if in hospital when patient got home, pills or gun available.
- 3. Method/opportunity available – pills, gun, car available, patient may have selected a specific time.

**12. Sense of courage to carry out attempt**

*Do you think you have the courage to commit suicide?*

- 0. No courage, too weak, afraid.
- 1. Unsure of courage.
- 2. Quite sure.
- 3. Very sure.

**13. Competence**

*Do you think you have the ability to carry out your suicide?*

*Can you carry out the necessary steps to insure a successful suicide?*

*How convinced are you that you would be effective in bringing an end to your life?*

0. Not competent.
1. Unsure.
2. Somewhat sure.
3. Convinced that he/she can do it.

**14. Expectancy of actual attempt**

*Over the last day or two have you thought that suicide is something you really might do sometime?*

*Right now what are the chances you would try to kill yourself if left alone to your own devices?*

*Would you say the chances are less than 50%? About equal? More than 50%?*

0. Patient says he/she definitely would not make an attempt.
1. Unsure - might make an attempt but chances are less than 50% or about equal, 50-50.
2. Almost certain - chances are greater than 50% that he/she would try to commit suicide?
3. Certain - patient will make an attempt if left by self (i.e., if not in hospital or not watched).

**15. Talk about death/suicide**

*Over the last day or two have you noticed yourself talking about death more than usual?*

*Can you recall whether or not you spoke to anybody, even jokingly, that you might welcome death or try to kill yourself?*

*Have you confided in a close friend, religious person, or professional helper that you intend to commit suicide?*

0. No talk of death/suicide.
1. Probably talked about death more than usual but no specific mention of death wish. May have alluded to suicide using humour.
2. Specifically said that he/she wants to die.
3. Confided that he/she plans to commit suicide.

**16. Writing about death/suicide**

*Have you written about death/suicide e.g. poetry, in a personal diary?*

0. No written material.
1. General comments regarding death.
2. Specific reference to death wish.
3. Specific reference to plans for suicide.

**17. Suicide note**

*Over the last day or two have you thought about leaving a note or writing a letter to somebody about your suicide?*

*Do you know what you'd say? Who would you leave it for? Have you written it out yet?*

*Where did you leave it?*

0. None - hasn't thought about a suicide note.
1. "Mental note" - has thought about a suicide note, those he/she might give it to, possibly worked out general themes which would be put in the note (e.g., being a burden to others, etc.)
2. Started - suicide note partially written, may have misplaced it.
3. Completed note - written out, definite plans about content, addressee.

**18. Actual preparation**

*Over the past day or two have you actually done anything to prepare for your suicide, e.g., collected material, pills, guns, etc.?*

0. None - no preparation.
1. Probable preparation - patient not sure, may have started to collect materials.
2. Partial preparation - definitely started to organize method of suicide.
3. Complete - has pills, gun, or other devices that he needs to kill self.

## Scoring for Modified Scale for Suicide Ideation (MSSI)

1. Total Score = sum of the following items:

Item Number	Item Content	Score (0-3)
1	Wish to die	
2	Wish to live	
3	Desire – active attempt	
4	Desire – passive attempt	
5	Duration of thoughts	
6	Frequency	
7	Intensity	
8	Deterrent	
9	Reasons	
10	Method - specificity	
11	Method – availability	
12	Courage	
13	Competence	
14	Expectancy of attempt	
15	Talk of death	
16	Writing of death	
17	Suicide attempt	
18	Actual preparation	
<b>MSSI TOTAL SCORE:</b>		_____

### Severity Categories based on MSSI Total Score

**0-8 = Low Suicidal Ideation**

**9-20= Mild-Moderate Suicidal Ideation**

**21+ = Severe Suicidal Ideation**

**2. Criteria for "Serious Suicidal Ideation" - Must meet all of the following criteria**

<b>Characteristic</b>	<b>MSSI Criteria</b>	<b>Meets Criteria?</b>
A. Severe suicidal ideation	MSSI Total Score > 20	Yes/No
B. Intense suicidal thoughts	Item 7 (Intensity) > 1	Yes/No
C. Actively Suicidal	Item 3 (Desire to make active attempt) > 1	Yes/No
D. Serious Plan	Item 15 (Method - Specificity) > 1	Yes/No

**Meets Criteria for "Serious Suicidal Ideation?"**      **Yes/No**  
**(Must meet Criteria A-D above)**