**BSS®**  
Beck Scale for Suicide Ideation®  
Interpretive Report  
*Aaron T. Beck*

<table>
<thead>
<tr>
<th>Name</th>
<th>Lisa Sample</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>40</td>
</tr>
<tr>
<td>Gender</td>
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<tr>
<td>Marital Status</td>
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<tr>
<td>Education</td>
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<tr>
<td>Occupation</td>
<td>Architect</td>
</tr>
<tr>
<td>Date Assessed</td>
<td>10/10/2016</td>
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</table>
ASSESSMENT RESULTS

The following graph presents the client's raw score for the BSS administration.

Raw Score: 21
INTERPRETATION

The clinician should consider the possibility that the patient is at SIGNIFICANT RISK FOR SUICIDE. She endorses the following BSS statement reflecting active suicide ideation:

- Item Content Omitted.
- Item Content Omitted.

These responses are more alarming given the patient's reported history of one suicide attempt.

The clinician should seriously consider the need for suicide precautions.

The clinician might ask the patient what method she would use to commit suicide. The overall level of risk should be assessed in the context of the full clinical picture, including the patient's level of adaptive functioning, degree of psychosocial stress, personality structure, and clinical syndrome.

The clinician may wish to consider using the Beck Depression Inventory II and the Beck Hopelessness Scale or other appropriate procedures to assess the patient's level of depression and view of the future. Evidence of high depression and hopelessness warrant greater concern about suicide. In addition, the clinician may wish to administer the BSS again, asking the patient to respond as she would have at the worst point in her life. The resulting BSS raw score can then be used to evaluate the severity of the patient's current condition.

The clinician should carefully examine the pattern of the patient's BSS responses for indications about the reasons for and deterrents to suicide that the patient perceives, along with the extent of planning she has undertaken. The particular statements endorsed by the patient should be considered clues that require further scrutiny and that can be used to structure a clinical interview.

ENDORSED ITEMS

1. Item Content Omitted.
2. Item Content Omitted.
3. Item Content Omitted.
4. Item Content Omitted.
5. Item Content Omitted.
6. Item Content Omitted.
7. Item Content Omitted.
8. Item Content Omitted.
9. Item Content Omitted.
10. Item Content Omitted.
11. Item Content Omitted.

Special Note
The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.
12. Item Content Omitted.
13. Item Content Omitted.
15. Item Content Omitted.
16. Item Content Omitted.
17. Item Content Omitted.
18. Item Content Omitted.
19. Item Content Omitted.
20. Item Content Omitted.
21. Item Content Omitted.

End of Report

NOTE: This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.
ITEM RESPONSES

1: 2  2: 1  3: 1  4: 2  5: 2  6: 1  7: 1  8: 1  9: 1  10: 2
11: 0  12: 1  13: 1  14: 0  15: 1  16: 0  17: 1  18: 1  19: 2  20: 1
21: 1