

# SHEEHAN-HOMICIDALITY TRACKING SCALE (S-HTS)

**INSTRUCTIONS:** PLEASE USE DATA FROM ALL SOURCES AND CONSIDER SEVERITY, FREQUENCY, TIME SPENT AND TIME FRAME IN YOUR RESPONSES. THE RESPONSE “NOT AT ALL” TO ANY QUESTION MEANS “NONE” AND MEANS THAT THE THOUGHT, EXPERIENCE OR BEHAVIOR “DID NOT OCCUR AT ALL”. **THROUGHOUT THE SCALE THE WORD INTEND OR INTENT MEANS ANY INTENTION GREATER THAN ZERO. SCORE THE MOST SERIOUS EPISODE THAT OCCURRED.**

**In the past (timeframe):**

1. did you have any accident in which someone else would be injured or killed? NO  YES   
 IF NO, SKIP TO QUESTION 2. IF YES, GO TO QUESTION 1a:
- |  | Not at all | A little | Moderately | Very | Extremely |
|--|------------|----------|------------|------|-----------|
| 1a. how seriously did you plan or intend to hurt someone else or allow someone to be harmed in any accident?<br>IF THE ANSWER TO QUESTION 1a IS 0 (= Not at all), SKIP TO QUESTION 2.<br>IF THE SCORE IS 1 OR HIGHER, GO TO QUESTION 1b: | 0          | 1        | 2          | 3    | 4         |
- 1b. did you intend to kill someone as a result of any accident? NO  YES

**In the past (timeframe), how seriously did you:**

- |   | Not at all | A little | Moderately | Very | Extremely |
|---|------------|----------|------------|------|-----------|
| 2. think (even momentarily) that someone else would be better off dead, that someone needed to be killed or wish that someone were dead?<br>How many times? ____  | 0          | 1        | 2          | 3    | 4         |
| 3. think (even momentarily) about harming or hurting or injuring someone else – with at least some intent or awareness that they might die as a result – or think about killing someone else?<br>How many times? ____   | 0          | 1        | 2          | 3    | 4         |
| 4. have someone else or people in mind that you wanted to kill (i.e. who)?  | 0          | 1        | 2          | 3    | 4         |
| 5. have a voice or voices telling you to kill someone or dream about killing someone?<br>mark either or both: <input type="checkbox"/> a voice or voices <input type="checkbox"/> a dream   | 0          | 1        | 2          | 3    | 4         |
| 6. have any method in mind about killing someone (i.e. how)? #  | 0          | 1        | 2          | 3    | 4         |
| 7. have any means in mind about killing someone (i.e. with what)? #   | 0          | 1        | 2          | 3    | 4         |
| 8. have any place in mind to kill someone (i.e. where)? * #   | 0          | 1        | 2          | 3    | 4         |
| 9. have any date/timeframe in mind to kill someone (i.e. when)? * #   | 0          | 1        | 2          | 3    | 4         |
| 10. think about any task you would like to complete before trying to kill someone (e.g. taking care of loved ones or writing to others or writing down your plans)?   | 0          | 1        | 2          | 3    | 4         |
| 11. intend to act on thoughts of killing someone?<br>mark either or both: did you intend to act: <input type="checkbox"/> at the time <input type="checkbox"/> at some time in the future   | 0          | 1        | 2          | 3    | 4         |
| 12. intend that they would die as a result of your action?<br>mark either or both: did you intend to kill: <input type="checkbox"/> at the time <input type="checkbox"/> at some time in the future   | 0          | 1        | 2          | 3    | 4         |
| 13. feel the need or impulse to kill someone or to plan to kill someone sooner rather than later?<br>mark either or both: was this: <input type="checkbox"/> to kill someone <input type="checkbox"/> to plan to kill someone<br>mark either or both: was this: <input type="checkbox"/> largely unprovoked <input type="checkbox"/> provoked | 0          | 1        | 2          | 3    | 4         |
| 14. take active steps to prepare to kill someone in which you expected or intended them to die (include anything done or purposely not done that put you closer to killing someone or put them closer to dying)?  | 0          | 1        | 2          | 3    | 4         |
| 15. injure someone on purpose without intending to kill them?<br>How many times? ____   | 0          | 1        | 2          | 3    | 4         |
| 16. attempt to kill someone?  | 0          | 1        | 2          | 3    | 4         |

\* Note: Items 7 & 8 on S-SHTS (“plan for homicide”) means not going beyond ideas or talking about a plan for killing someone. If actual behaviors occurred, the event should not be coded on item 7 or 8, but as “preparatory behavior” (item 12). Both events can occur separately over the same timeframe. # Note: clinician should ask for details.

# SHEEHAN-HOMICIDALITY TRACKING SCALE (S-HTS) - EVENTS REPORT

## 17. IF ANSWER 14 IS POSITIVE ASK:

In the past (timeframe), how many times did you attempt to kill someone? \_\_\_\_

	When?	How?	How serious was each attempt?					
	dd/MMM/yyyy		Not at all	A little	Moderately	Very	Extremely	Level
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
5.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>

Add rows as needed.

**Levels of Attempt** (halted by self, by another person or event, or not at all)

Level 1: You started the attempt, but then **you decided to stop** and did not finish the attempt.

Level 2: You started the attempt, but then **you were interrupted** and did not finish the attempt.

Level 3: You went through the attempt **completely** as you meant to.

## 18. IF ANSWER 12 IS POSITIVE ASK:

In the past (timeframe), how many times did you take active steps to prepare to kill someone in which you expected or intended that they would die (include anything done or purposely not done that put you closer to killing someone)? \_\_\_\_  
 (Include only the times when you stopped before attempting to kill someone.)

	When?	How?	How serious was each preparation?					
	dd/MMM/yyyy		Not at all	A little	Moderately	Very	Extremely	Level
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
5.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>

Add rows as needed.

**Levels of Preparation**

Level 1: You took active steps to prepare to kill someone, but you did not start the attempt.

Level 2: You were about to try to kill someone, but then **you stopped yourself** just before harming anyone.

Level 3: You were about to try to kill someone, but then **someone or something stopped you** just before harming anyone.

**TIME SPENT PER DAY WITH ANY IMPULSES, THOUGHTS OR ACTIONS RELATING TO KILLING SOMEONE OVER THE PAST (TIMEFRAME):**

Usual time spent per day: \_\_\_\_ hours \_\_\_\_ minutes.

Least amount of time spent per day: \_\_\_\_ hours \_\_\_\_ minutes.

Most amount of time spent per day: \_\_\_\_ hours \_\_\_\_ minutes.

## **PATIENT RATED PAGES**

### **Clinically Meaningful Change Measures for Homicide Outcomes Assessment**

(S-HTS CMCM VERSION, PATIENT RATED DOMAINS ARE ON **PAGES 4 THROUGH 10**)

## Current Factors to Consider in Making the Clinically Meaningful Change Assessment

Some consider the factors below as risk factors for homicidality. However they are all not necessarily so and sometimes they can be protective factors. The impact of each factor can change over time within an individual.

The factors are intended to serve as useful prompts during the evaluation and in tracking both initial and newly emerging factors during follow up. If any of the factors disturb you, please discuss it with your clinician.

Indicate the impact of the factors below on your homicidality over the past (timeframe).

	Factor	Does Not Apply	Lessens Homicidality <i>A lot</i>	Lessens Homicidality <i>Moderately</i>	Lessens Homicidality <i>A little</i>	No impact on Homicidality	Increases Homicidality <i>A little</i>	Increases Homicidality <i>Moderately</i>	Increases Homicidality <i>A lot</i>
<b>Homicidality</b>									
1	Any homicidal impulses, ideation and behavior from pages 1 & 2 of the S-HTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Amount of time spent daily with homicidal ideation and behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Feeling a need to make an attempt sooner rather than later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Hearing voices telling or commanding you to kill someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Overwhelmed feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Exhaustion from struggling against homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Hopeless feeling or nothing to live for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Easy access to guns or means for homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Seriousness of past homicide plans or attempt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Religious or spiritual reasons that influence your decision to kill someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family / Social</b>									
11	Recent loss or death of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Recent anniversary of the death of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Recent conflict or break up with family, spouse, partner or close friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Lonely or socially isolated or homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Lack of close family or social support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Withdrawal from family, work or social responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Bisexual, homosexual or transgender or uncertain sexual or gender orientation with resulting unsupportive family or support system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	First or second degree relative with a history of homicidal impulses, ideation or behavior (including attempts or completed homicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Factor	Does Not Apply	Lessens Homicidality A lot	Lessens Homicidality Moderately	Lessens Homicidality A little	No impact on Homicidality	Increases Homicidality A little	Increases Homicidality Moderately	Increases Homicidality A lot
<b>Personal History</b>									
19	Had a recent major life change or loss (e.g. loss of job, school failure, financial loss, gambling loss, mounting financial debt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Recent trouble with the law or serious legal problems or recent incarceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Recent deep sense of shame or loss of reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Survivor of sexual abuse, sexual violence or rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Survivor of violence, torture bullying or emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Witnessed or caused serious violence or death to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Recent military service or service in a war zone or a war survivor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	History of or current aggressive or violent behavior or high irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Spending time on homicide or death related internet sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	History of impulsive homicidality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	History of risk taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Male under 40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health</b>									
31	Depression or bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Panic attacks or high anxiety or agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Schizophrenia or schizoaffective disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Substance (drug) abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Posttraumatic Stress Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Recent sleep disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Have an "incurable disease" or severe chronic or terminal illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	In severe physical pain (acute or chronic or fluctuating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Recent unplanned pregnancy or sexually transmitted disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Recent infection, inflammatory states (allergies or asthma) or an autoimmune disease flare up (e.g. Crohn's Disease, Lupus or Multiple Sclerosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Unable to get needed psychiatric treatment or medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Switched from a medication or a formulation or a dose that was effective or you were not taking your medication as directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Recently started on a psychiatric or an antiepileptic medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add and score additional "other" factors as necessary.

# SHEEHAN - HOMICIDALITY TRACKING SCALE (CMCM Version)

## CLINICALLY MEANINGFUL CHANGE MEASURES (PATIENT RATED)

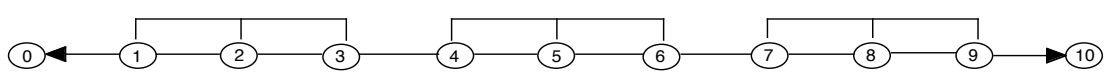
(Please mark ONE circle for each category.)

In the past (timeframe):

**HOPELESSNESS**

Rate your level of hopelessness:

**None                      Mild                      Moderate                      Severe                      Extreme**

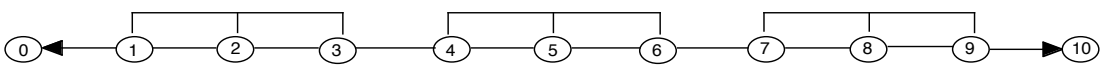


0 ← 1 2 3 4 5 6 7 8 9 → 10

**ABILITY TO COPE**

Rate your ability to cope with your impulses, thoughts, and behaviors to kill someone:

**Completely Able                      Very Able                      Moderately                      A Little                      Not Able**

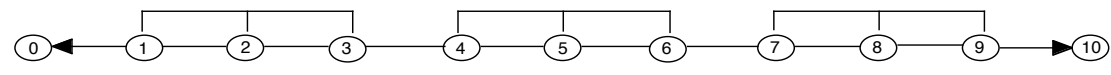


0 ← 1 2 3 4 5 6 7 8 9 → 10

**WILLINGNESS TO COPE**

Rate your willingness to cope with your impulses, thoughts, and behaviors to kill someone:

**Completely Willing                      Very                      Moderately                      A Little                      Not Willing**

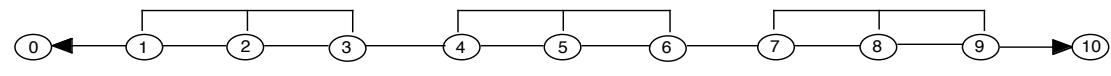


0 ← 1 2 3 4 5 6 7 8 9 → 10

**ABILITY TO KEEP YOURSELF FROM KILLING OTHER PEOPLE**

Rate your ability to keep yourself from trying to kill others:

**Completely Able                      Very Able                      Moderately                      A Little                      Not Able**



0 ← 1 2 3 4 5 6 7 8 9 → 10

In the past (timeframe):

**WILLINGNESS TO KEEP YOURSELF FROM KILLING OTHER PEOPLE**

Rate your willingness to keep yourself from killing other people:

**Completely Willing      Very      Moderately      A Little      Not Willing**

A horizontal scale from 0 to 10. The scale is represented by a line with arrows at both ends, and numbers 0 through 10 are placed in circles along the line. Above the line, labels are placed: 'Completely Willing' above 0, 'Very' above 2, 'Moderately' above 5, 'A Little' above 8, and 'Not Willing' above 10. Brackets are drawn above the line to group the numbers: one bracket from 1 to 3, another from 4 to 6, and a third from 7 to 9.

**OVERALL QUALITY OF LIFE**

Rate your current overall quality of life:

**Amazing      Good      OK      Poor      Crappy**

A horizontal scale from 0 to 10. The scale is represented by a line with arrows at both ends, and numbers 0 through 10 are placed in circles along the line. Above the line, labels are placed: 'Amazing' above 0, 'Good' above 2, 'OK' above 5, 'Poor' above 8, and 'Crappy' above 10. Brackets are drawn above the line to group the numbers: one bracket from 1 to 3, another from 4 to 6, and a third from 7 to 9.

**DELIBERATE THOUGHTS OR PLANS TO KILL SOMEONE**

How deliberately were you thinking about or planning to kill someone:

**Not at all      A little      Moderately      Very      Extremely**

A horizontal scale from 0 to 10. The scale is represented by a line with arrows at both ends, and numbers 0 through 10 are placed in circles along the line. Above the line, labels are placed: 'Not at all' above 0, 'A little' above 2, 'Moderately' above 5, 'Very' above 8, and 'Extremely' above 10. Brackets are drawn above the line to group the numbers: one bracket from 1 to 3, another from 4 to 6, and a third from 7 to 9.

**IMPULSE TO KILL SOMEONE**

How strong was the impulse to act in any way to kill someone:

**Not at all      A little      Moderately      Very      Extremely**

A horizontal scale from 0 to 10. The scale is represented by a line with arrows at both ends, and numbers 0 through 10 are placed in circles along the line. Above the line, labels are placed: 'Not at all' above 0, 'A little' above 2, 'Moderately' above 5, 'Very' above 8, and 'Extremely' above 10. Brackets are drawn above the line to group the numbers: one bracket from 1 to 3, another from 4 to 6, and a third from 7 to 9.

# SHEEHAN - HOMICIDALITY TRACKING SCALE (CMCM Version)

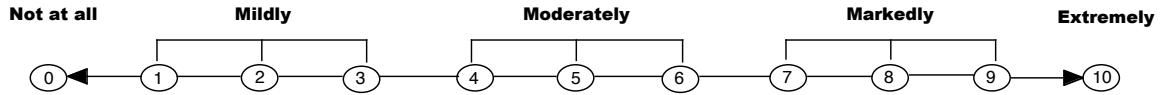
## LIFE IMPAIRMENT FROM HOMICIDALITY (PATIENT RATED)

Please mark ONE circle for each category.

In the past (timeframe):

### WORK\* / SCHOOL

The impulses, thoughts, and behaviors to kill someone have disrupted your work / school work:

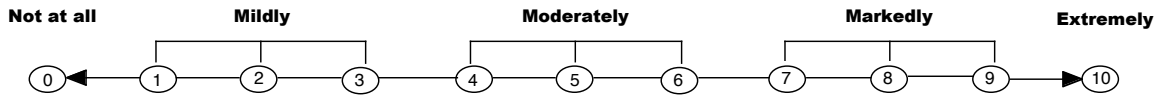


I have not worked /studied at all during the past timeframe **for reasons unrelated to these symptoms.**

\* Work includes paid, unpaid volunteer work or training. If your symptoms interfered with your ability to find or hold a job or contributed in any way to your currently not working, you must give a score on this scale.

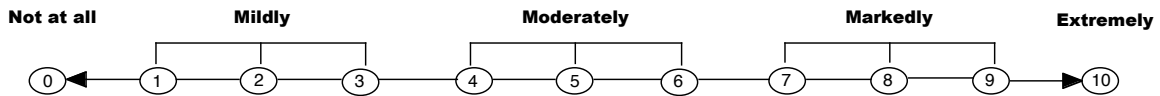
### SOCIAL LIFE

The impulses, thoughts, and behaviors to kill someone have disrupted your social life / personal relationships / leisure activities:



### FAMILY LIFE / HOME RESPONSIBILITIES

The impulses, thoughts, and behaviors to kill someone have disrupted your family life / home responsibilities:



### DAYS LOST

How many days in the last (timeframe) did you miss from work or school or were unable to carry out your normal responsibilities because of your thoughts, impulses, and behaviors to kill someone? \_\_\_\_\_

### DAYS UNDERPRODUCTIVE

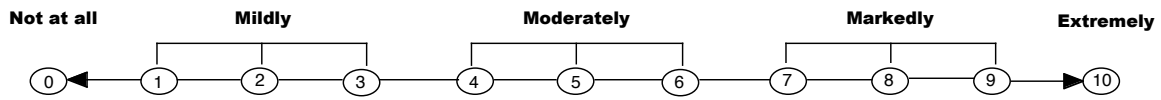
How many days in the last (timeframe) were you less productive while at work or at school or during your daily responsibilities because of your thoughts, impulses, and behaviors to kill someone? \_\_\_\_\_



In the past (timeframe):

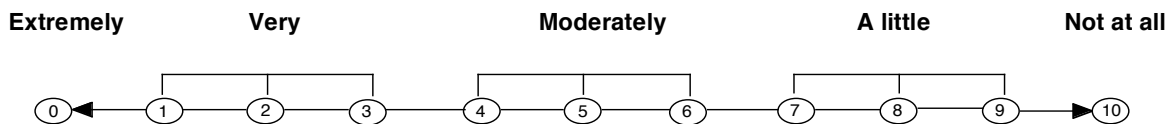
**QUALITY OF LIFE DISRUPTION BY THOUGHTS, IMPULSES AND BEHAVIORS TO KILL SOMEONE**

The thoughts, impulses, and behaviors to kill someone have disrupted the quality of your life:



**DESIRE TO RECOVER FROM THOUGHTS, IMPULSES AND BEHAVIORS TO KILL SOMEONE**

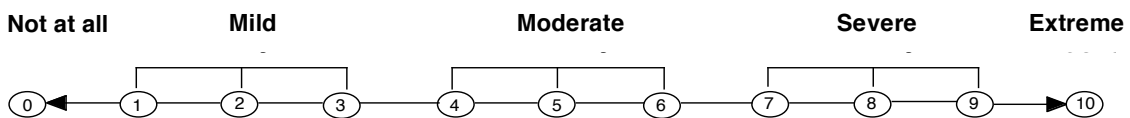
Rate your desire to recover from your impulses, thoughts and behaviors to kill someone:



If you can't imagine the possibility of recovery, choose "10"

**GLOBAL SEVERITY OF IMPULSES, THOUGHTS AND BEHAVIORS TO KILL SOMEONE**

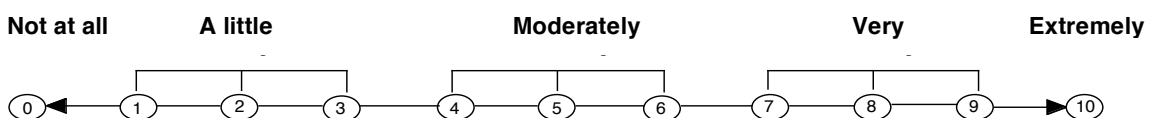
Rate the overall severity of all your impulses, thoughts and behaviors to kill someone:



Over the next (timeframe):

**HOW LIKELY ARE YOU TO TRY TO KILL SOMEONE ELSE?**

Rate how likely you are to try to kill someone else:



Patient Rated: Circle the score that best describes your current treatment needs:

**At this time:**

Score	Treatment level you think you currently need for impulses, thoughts or behaviors to kill someone
10	I need to be in the hospital for more than 24 hours, with someone watching or protecting me at all times and I need or I request physical or medication restraints to protect me from trying to kill someone. (24/7 inpatient with constant one-on-one observation, possible need or request for physical or chemical restraints)
9	I need to be in the hospital for more than 24 hours, with someone watching or protecting me at all times. (24/7 inpatient one-on-one)
8	I need to be in the hospital for more than 24 hours, with someone watching or checking on me every 15 minutes. (24/7 inpatient on homicide precautions (e.g. 15 minute checks))
7	I need to be in the hospital for more than 24 hours. (24/7 inpatient)
6	I need to be in the hospital for more than 24 hours and be allowed to leave the ward or to go on visits outside the hospital from time to time. (24/7 inpatient with privileges to leave ward on visits outside hospital)
5	I need to stay up to 24 hours in the Emergency Room and then talk to the doctor again to decide if it is safe to discharge me home <u>or</u> if I need to be admitted to the hospital ward <u>or</u> if I need to attend therapy for several hours multiple times a week. (Stay up to 24 hours in Emergency Room then re-evaluate whether to admit or discharge <u>or</u> partial hospitalization <u>or</u> intensive outpatient program)
4	I only need outpatient weekly visits with daily calls to tell my doctor or therapist if I am OK (what are called daily check-ins).
3	I only need outpatient weekly visits.
2	I only need outpatient visits at least monthly.
1	I only need outpatient visits as needed and I would like to be monitored in case my thoughts, impulses or behaviors to kill someone flare up.
0	I need no treatment at all.

## **CLINICIAN RATED PAGES**

### **Clinically Meaningful Change Measures for Homicide Outcomes Assessment**

(S-HTS CMCM VERSION, CLINICIAN RATED DOMAINS ARE ON **PAGES 13 AND 14**)

# Clinically Meaningful Change Measures for Homicide Outcomes Assessment

(CLINICIAN RATED)

This Sheehan - Homicidality Tracking Scale, Clinically Meaningful Change Measures version (S-HTS, CMCM version) is for use in evaluating whether a treatment for homicidality has a clinically meaningful impact beyond the homicidal phenomena alone.

Homicide risk cannot be accurately predicted at an individual level. However, based on all the information available on pages 1 and 2, pages 3 through 10 in the S-HTS, CMCM version, and using your clinical experience, provide on the horizontal analog scale below and using the anchors in the table below, your best judgment of this patient’s current level of clinically meaningful homicide risk and need for treatment of homicidality. This clinician “judgment of homicide risk” may drive your “judgment of level of management needed”. Ask any additional probe questions or for any clarifications as needed.

In making this judgment, factor in and make balanced trade-offs between the following elements in each case:

- Homicidal ideation
- Homicidal planning
- Homicidal intent and patient’s perception of how likely they are to attempt homicide again in the future
- Homicidal behaviors (including impulsive homicidality)
- Homicide risk / protective factors
- Ability and willingness to cope with and to restrain from engaging in homicidality
- Desire to recover from homicidality
- History of homicidality
- Quality of life
- % of homicidal ideation that is willful or deliberate
- Time spent in homicidality
- Global severity of homicidal impulses, ideation and behaviors
- Type of homicide disorder

These factors and trade-offs vary from one case to the next and over time in the same case.

**At this time:**

**Clinically Meaningful Change Measure for Homicide Outcomes Assessment**

Anchor your judgment of the homicide risk and level of clinically meaningful management needed, with a single score, based on the table below:

Score	Judgment of Homicide Risk	Judgment on Level of Management Needed for Homicidality
10	Imminent	24/7 inpatient with constant one-on-one observation and with possible need or patient request for physical or chemical restraints
9	Severe	24/7 inpatient one-on one hospitalization with constant one-on-one observation
8	High	24/7 inpatient hospitalization with homicide precautions (e.g. 15 minute observation checks)
7	Major	24/7 inpatient hospitalization
6	Elevated	24/7 inpatient hospitalization with privileges to leave ward on visits outside hospital
5	Moderate	Up to 24 hours in ER, then re-evaluate whether to admit or discharge <u>or</u> partial hospitalization <u>or</u> intensive outpatient program
4	Modest	Outpatient weekly visits with daily check-ins
3	Mild	Outpatient weekly visits
2	Slight	Outpatient visits at least monthly
1	Remote	Outpatient visits as needed and if in treatment monitor for treatment emergent homicidality
0	No apparent risk	None



**Homicide Attempt** - any behavior(s) perceived by the patient to be potentially lethal that is connected with any level of intent to kill that does not result in a fatality. The behavior may not result in any actual harm to someone and the behavior does not have to be potentially injurious. Only the patient's perception that it is potentially lethal is necessary. The intent to kill can be inferred by a reasonable group of experts, but should not always be assumed, unless the evidence is compelling. Not all injury of others is homicidal (e.g. sadomasochism). This intent to kill refers to the intent at the time of initiation of the homicide attempt.

The author is grateful to JM Giddens for very valuable advice in the development of the S-HTS and of the S-HTS CMCM versions.