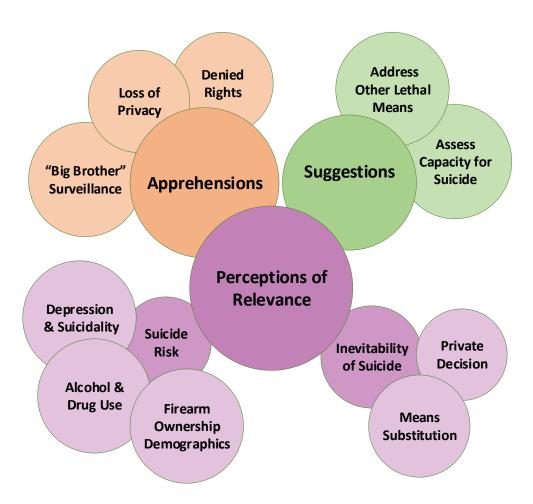
Figure: Themes participants described about a standard patient-reported question about access to firearms (Do you have access to guns? Yes/No).



Appendix: Description of Stratified Analyses Among Patient Subgroups.

After finalization of themes, stratified analyses were conducted to understand whether variation in themes was observed across key patient subgroups based on demographic risk factors for suicide, including gender and age,¹ as well as by report of suicidal thoughts on the PHQ-9 ninth question (none versus any) also known to be associated with increased risk of suicide attempt.^{2,3}

Results of stratified thematic analyses found some notable differences by gender and suicidal thoughts, but no age-specific differences. First, all the participants who described apprehension of disclosing access to firearms related to loss of privacy, autonomy and firearm ownership rights (theme #1) were individuals (men and women) who had disclosed having some frequency of suicidal thoughts at the time of sampling. Second, primarily women suggested expanding the question about firearms to address other common lethal means (theme #2). Last, in terms of perceptions about the relevance of the firearm question, primarily women expressed the belief that this question was not useful for women because they rarely attempt suicide by firearm.

These results suggest that patients disclosing suicidal thoughts may be particularly wary of disclosing firearm access due to concerns related to privacy, autonomy and firearm ownership rights. Additionally, it may be helpful to provide rationale for addressing firearms specifically, particularly among women. For example, although more men die by firearm suicide overall, firearms are the most common method of suicide death by both men and women in later life.^{4,5}

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