Suicide Risk Assessment

Client: ________________________________________ Date: ________ Time:_______

Assessment based on:

- [ ] Records review (specify):__________________________________________________________
- [ ] Interview with staff, friends, relatives:_________________________________________________
- [ ] Observations of individual over the last: [ ] interview/session [ ] day [ ] week [ ] month
- [ ] Other (specify):___________________________________________________________________

General Assessment

1. Suicide risk: [ ] Almost none [ ] Ideation [ ] Threat/Plan [ ] Rehearsal [ ] Gesture [ ] Attempt
   Check all that apply and enter time period as follows: 24 = within last 24 hours, ds = last few days, w = last 7 days or week, m = last 30 days or month, ms = last few or 2–4 months, y = last 12 months or year.
   - [ ] Had passive death wishes Time:____
   - [ ] Experienced fleeting ideation Time:____
   - [ ] Experienced persistent ideation Time:____
   - [ ] Made realistic threats Time:____
   - [ ] Made gestures Time:____
   - [ ] Engaged in actions, rehearsals Time:____
   - [ ] Seen relevant media reports Time:____
   - [ ] Current /recent substance abuse Time:____
   - [ ] Gave away possessions Time:____
   - [ ] Made a will/funeral arrangements Time:____
   - [ ] Made a clear statement of intent to others (specify): ____________________________________________
   - [ ] Written a suicide note (specify): __________________________________________________________
   - [ ] Talked with therapist or other staff about suicide intentions/thoughts (specify): ________________
   - [ ] Made suicide plan(s)
     - [ ] high [ ] medium [ ] low lethality (specify):______________________________________________
     - [ ] high [ ] medium [ ] low potential for rescue (specify):______________________________________
   - [ ] Made attempt(s):
     - [ ] high [ ] medium [ ] low lethality (specify):______________________________________________
     - [ ] high [ ] medium [ ] low potential for rescue (specify):______________________________________
Suicide Risk Assessment

General Assessment, continued.

2. Change in stressors: □ Less severe/fewer □ Different stressors □ More/more severe □ Chronic

3. Change in coping ability/skills: □ No change □ Improved □ Less able □ Much less able

4. Change in symptoms: □ Same □ Less severe □ Resolved □ More severe □ Much worse

5. Mood: □ Normal □ Anxious □ Depressed □ Angry □ Euphoric □ Other: _______________

6. Affect: □ Normal □ Intense □ Blunted □ Inappropriate □ Labile □ Other: _______________

7. Mental status: □ Normal □ Lack awareness □ Memory problems □ Disoriented □ Confused
   □ Disorganized □ Vigilant □ Delusions □ Hallucinations □ Other: _______________

8. Mood: □ Normal □ Anxious □ Depressed □ Angry □ Euphoric □ Other: _______________

9. Affect: □ Normal □ Intense □ Blunted □ Inappropriate □ Labile □ Other: _______________

10. Other observations/evaluations: _______________________________________________________

Common Suicide Risk Factors (check all that apply)

Demographic risk factors

□ Male □ European American or Native American □ Suicidal partner

□ Lowest socioeconomic class □ Never-married or widowed status

□ Divorced status (especially repeated divorce or divorce in last 6 months)

□ Age: Young adult (15–24) or very elderly (75–85 or older)

Current psychological risk factors (rate level of severity from 0 (little) to 5 (severe))

□ Hopelessness _____ □ Psychological pain_____ □ Sleep disturbance_____  
□ Restlessness_____ □ Recent stressors_____ □ Problem solving ability_____  
□ Physical illness_____ □ Impulsivity/self-control___ □ Depression_____  
□ Cognitive disorganization_____ □ Other factors __________________________________________

Historical risk factors

□ Chronic psychiatric problems (specify): __________________________ □ Criminal behavior

□ Relative/friend died by suicide (specify): __________________________ □ Frequent accidents

□ History of substance abuse/dependence (specify): __________________ □ Self-mutilation

□ History of physical, sexual, or emotional abuse (specify): ____________________________

□ Suicidal behaviors:
   □ Multiple threats/attempts □ high lethality □ high violence □ high pain
   □ Clearly intended to die □ Secretive attempts □ Anniversary attempts

□ Other risk factors: _______________________________________________
Suicide Risk Assessment

Protective factors

☐ Married or in committed relationship  ☐ Has young children  ☐ Has plans for future
☐ Consistent employment or schooling  ☐ Enjoys leisure, friends, hobbies, recreation, family
☐ Other: __________________________________________

Continuing Care/Treatment Plan

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Risk-Benefit Analysis

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Risk Management Plan

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Departure/Discharge

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Other Comments:

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Signatures ___________________________________________  _________________________________  Date ____________