

# Assessment for Suicide Risk

**Check one:**  Initial  Re-assessment  Change in condition  Discharge

**Instructions:** Evaluate the patient on each of the following factors. Make only one rating on each factor by checking the box that applies. Then add the total number of points across all risk factors. Ratings for each factor should be based on a combination of patient self-report, clinical observation, and collateral information

RISK FACTOR	Absent (0 pts)	Low (1 pt)	Moderate (2 pts)	High (3 pts)
<b>Historical and Demographic (Items 1-4 are scored only on initial assessment; enter total of items from prior assessment: _____)</b>				
<b>1. Age and Gender</b>	Not Applicable <input type="checkbox"/>			Age 13-19; Male 45+; Female 75+ <input type="checkbox"/>
<b>2. Prior History of Suicide</b>	None/Not Applicable <input type="checkbox"/>	Has had period of ideation, but no history of attempts or gestures <input type="checkbox"/>	One or more gestures or attempts, without highly lethal means and with plans or hope of being rescued <input type="checkbox"/>	One or more serious suicide attempts (e.g., requiring medical attention) with wish of success; history of suicide attempt in hospital <input type="checkbox"/>
<b>3. Marital Status</b>	Not Applicable <input type="checkbox"/>	Married with family; experiencing moderate marital or family difficulties <input type="checkbox"/>	Separated, but living with someone else; Married with relationship tension <input type="checkbox"/>	Divorced, widowed, single, or separated and living alone <input type="checkbox"/>
<b>4. Family History of Suicide</b>	Not Applicable <input type="checkbox"/>			History of completed suicide in first-degree relative (e.g., parent or sibling) <input type="checkbox"/>
<b>ITEMS 5-23 ARE THE ONLY FACTORS EVALUATED ON FOLLOW-UP, RE-ASSESSMENT, OR DISCHARGE IN INPATIENT SETTING</b>				
<b>Clinical and Psychiatric</b>				
<b>5. Hopelessness</b>	None/Not Applicable <input type="checkbox"/>	Feels down and pessimistic sometimes; views current situation as temporary <input type="checkbox"/>	Pessimistic; hopeless; sees only marginal possibility of things getting better <input type="checkbox"/>	Complete despair, pessimism; no possibility of a bright future <input type="checkbox"/>
<b>6. Anxiety and Agitation</b>	None/Not Applicable <input type="checkbox"/>	Mild anxiety or agitation <input type="checkbox"/>	Sporadic panic attacks of moderate severity; feels agitated or anxious <input type="checkbox"/>	Severe, recurrent panic attacks; marked psychomotor agitation (e.g., pacing, jittery) <input type="checkbox"/>
<b>7. Psychosis</b>	None/Not Applicable <input type="checkbox"/>	Over-valued ideas of guilt or remorse <input type="checkbox"/>	Delusions of guilt or remorse; command hallucinations of suicide that patient can resist <input type="checkbox"/>	Command hallucinations with suicidal content that patient is unable to resist <input type="checkbox"/>
<b>8. Impulsivity</b>	None/Not Applicable <input type="checkbox"/>	Sometimes acts impulsively or only when high or intoxicated; takes risks to feel better <input type="checkbox"/>	Recurrent impulsive acts (e.g., gambling, risk-taking behavior); planned episodes of self-mutilation <input type="checkbox"/>	Frequent, unplanned, emotionally-charged periods of self-mutilation; self-destructive reactions to disappointment <input type="checkbox"/>
<b>9. Cognitive Functioning</b>	None/Not Applicable <input type="checkbox"/>	Some rigidity or inflexibility <input type="checkbox"/>	Close-minded, somewhat inflexible in thinking or decision-making; loss of executive functioning <input type="checkbox"/>	Extreme "tunnel vision;" very polarized thinking; major neurocognitive disorder with self-destructive behavior <input type="checkbox"/>
<b>10. Mood Disorder</b>	None/Not Applicable <input type="checkbox"/>	Dysphoria; mild to moderate depression <input type="checkbox"/>	Depressed and/or labile mood; not well controlled; poor sleep and/or appetite <input type="checkbox"/>	Major mood disorder (e.g., depression, bipolar, schizoaffective) in the depressive phase; with anhedonia, melancholia; severe symptoms <input type="checkbox"/>
<b>11. Substance Abuse</b>	None/Not Applicable <input type="checkbox"/>	Occasional substance abuse; social use of drugs or alcohol resulting in some difficulties (e.g., DWI) <input type="checkbox"/>	Impulsive use of alcohol or drugs; uses substance to medicate stress, anxiety, or depression <input type="checkbox"/>	Drug and/or alcohol abuse AND major Axis I mood disorder; polysubstance abuse or dependence to cope with major stressor <input type="checkbox"/>
<b>Current/Recent Suicidal Behavior</b>				
<b>12. Suicidal Intent</b>	None/Not Applicable <input type="checkbox"/>	Vague thoughts of wanting to be dead; very ambivalent about dying, can identify reasons for living <input type="checkbox"/>	Frequent periods of intending to die; some ambivalence; can identify few reasons for living <input type="checkbox"/>	Wants to die; would try to kill self if means available, as assessed through self-report, collateral sources, or inferred from recent behavior (e.g., planning) <input type="checkbox"/>
<b>13. Suicidal Ideation</b>	None/Not Applicable <input type="checkbox"/>	Passive, sporadic, infrequent thoughts of wanting to kill self <input type="checkbox"/>	Frequent, intermittent, or stress-induced thoughts of wanting to kill self <input type="checkbox"/>	Constant, persistent, intense thoughts of wanting to kill self <input type="checkbox"/>

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RISK FACTOR	Absent (0 pts)	Low (1 pt)	Moderate (2 pts)	High (3 pts)
<b>14. Suicide Planning</b>	None/Not Applicable <input type="checkbox"/>	Thinking about the possibility of suicide, with vague ideas of means or plan, but undecided <input type="checkbox"/>	Recently gave away possessions of value; has given thought to means, but no specific plan formed <input type="checkbox"/>	Suicide note recently written; has formulated a specific plan and has chosen a specific method <input type="checkbox"/>
<b>15. Means of Suicide</b>	None/Not Applicable <input type="checkbox"/>	Vague about specific means; has thought about difficult to obtain means <input type="checkbox"/>	Wants to use lethal means, but has no ready access; has access to moderately lethal means (e.g., razors) <input type="checkbox"/>	Has ready access to highly lethal means (e.g., firearms); has obtained sufficient means to kill self (e.g., stocked up medications) <input type="checkbox"/>
<b>16. Recent Attempt</b>	None/Not Applicable <input type="checkbox"/>	Superficial gestures or recent verbal threats with no overt action <input type="checkbox"/>	Recent gesture with low likelihood of death (e.g., superficial cuts); recent attempt with ambivalence <input type="checkbox"/>	Recent suicide attempt with lethal means (e.g., firearm, hanging, asphyxiation, serious overdose requiring medical attention) <input type="checkbox"/>
<b>Psychosocial and Environmental Factors</b>		<b>Number of Items 12-16 with 3-Point Ratings</b>		
<b>17. Employment Status</b>	Not Applicable <input type="checkbox"/>	Mild job-related stressors or difficulties <input type="checkbox"/>	Unemployed, but no pressing financial worries; employed but experiencing financial worries <input type="checkbox"/>	Recent job loss; unemployment with current financial problems or drop in socioeconomic status <input type="checkbox"/>
<b>18. Social Supports</b>	Adequate social supports <input type="checkbox"/>	Some social supports; but relationships strained; marginally connected to family and friends <input type="checkbox"/>	Significant relationship problems; estranged from family, few close friends, or family members. Family history of mental illness <input type="checkbox"/>	Complete lack of social support; alienated from friends and family; very isolated; severe relationship problems (e.g., pending divorce) <input type="checkbox"/>
<b>19. Medical Problems</b>	None/Not Applicable <input type="checkbox"/>	General or vague medical problems <input type="checkbox"/>	Serious medical symptoms, or illness with no hope for cure <input type="checkbox"/>	Recent diagnosis of serious medical illness <input type="checkbox"/>
<b>20. Social Stressors</b>	None/Not Applicable <input type="checkbox"/>	Vague, general, or mild psychosocial stressors <input type="checkbox"/>	History of abuse victimization; poor or inadequate housing; lingering legal difficulties <input type="checkbox"/>	Current abuse victim; high level of perceived stress; recent serious loss; recent incarceration or serious legal charges pending <input type="checkbox"/>
<b>Protective and Other Risk Management Factors</b>				
<b>21. Treatment Accessibility</b>	No barriers to treatment <input type="checkbox"/>		Ambivalent about help, despite need; frequent no-show or sporadic involvement with treatment <input type="checkbox"/>	Wants no treatment, despite obvious need; no established relationship with mental health provider in community; patient mute or non-compliant when answering questions about suicide <input type="checkbox"/>
<b>22. Reasons for Living</b>	High religiosity; committed to spouse and children; positive problem-solving skills, can identify clear reasons for living <input type="checkbox"/>	Some trouble identifying reasons for living; stressed over family responsibilities; general dissatisfaction with life <input type="checkbox"/>	Discouraged with life; feels family and/or children would be better off without; has minimal reasons to go on living <input type="checkbox"/>	Spouse and children no longer have any meaning; complete lack of commitment or responsibility to leading a satisfying life; can identify no reasons for living <input type="checkbox"/>
<b>23. Feasibility of Life Plans</b>	Not Applicable <input type="checkbox"/>	Some resolution of stressors; plans difficult to implement, but feasible <input type="checkbox"/>	Resolution of stressors, but plans are unrealistic <input type="checkbox"/>	Rapid resolution of serious stressors without clear or rational explanation <input type="checkbox"/>
<b>COLUMN SUBTOTALS</b>	0	+	+	+
<b>Total from Items 1-4 (for re-assessment only)</b>				
<b>ADD TOTALS TO OBTAIN FINAL SCORE</b>				

\_\_\_\_\_ Low Risk (total score 0-22)

\_\_\_\_\_ Moderate Risk (total score 23-33)

\_\_\_\_\_ High Risk (total score 34 or above) or (Items 12-16 with 3-point ratings is 2 or more

(check when completed): Physician notified of final score, classification, and individual risk factors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date/Time