

SUICIDE RISK ASSESSMENT FORM

Client: _____ Date: _____ Time: _____

Case Manager: _____

1. "In the past month, have you made any plans or considered a method that you might use to harm yourself?"

YES

NO

(If yes, ask, "Please tell me more about these plans or methods you have considered.")

2. "Have you ever attempted to harm yourself?"

YES

NO

(If yes, ask, "When was this? What happened?")

3. "There's a big difference between having a thought and acting on a thought. Do you think you might actually make an attempt to hurt yourself in the near future?"

YES

NO

(If yes, ask, "Can you be specific about how you might do this?")

4. "In the past month have you told anyone that you were going to commit suicide, or threatened that you might do it?"

YES

NO

(If yes, ask, "Who have you told and what have you said to them?")

5. "Do you think there is any risk that you might hurt yourself before you see your doctor the next time?"

YES

NO

(If yes, ask, "What do you think you might do?")

These notes are designed to guide the action plan to be taken as outlined in the various scenarios below.

Question 5 = YES “Active Suicide Thoughts: ACUTE RISK”

1. If the client answers yes to question 5 she is considered EMERGENT/ HIGH RISK FOR SUICIDE and you must follow your agencies protocol for suicide risk to arrange for immediate evaluation
2. Do not leave the patient alone. If on the telephone, stay on the telephone, call 911, or do your best to ensure that the patient goes immediately to an emergency room
3. If there is another adult with the patient, then attempt to speak with that person and get assurances that he/she will accompany the patient to an emergency room

Questions 1-4 = YES “Active Suicide Thoughts: MODERATE to HIGH RISK”

1. If the client answers yes to any of questions 1 to 4, she is considered “URGENT/ MODERATE TO HIGH RISK”
2. She should be seen by a qualified healthcare specialist within 48 hours
3. Contract with the patient to call you if suicide thoughts become more prominent
4. Assess suicide risk carefully at each visit

Questions 1- 5 = NO “Active Suicide Thoughts: LOW RISK”

1. If the client answers “NO” to any of questions 1 to 5, she is considered “LOW SUICIDE RISK”
2. She should continue to receive follow-up visits and monitoring for her depression