

SUICIDE RISK ASSESSMENT

Please answer the following questions as either True (T) or False (F).

True/False

- 1. Are you experiencing any recurrent thoughts of suicide or are preoccupied with your mortality? ___ ___
- 2. Have you contemplated or decided on a preferred means to carry out your suicidal ideations? (e.g., hanging, pills, gun, etc.) ___ ___
- 3. Do you have a set plan (location, time, specific item, etc.) to carry out your suicidal ideations? ___ ___
- 4. Are you in a state of crisis? If so, circle at least 1 type of crisis you feel you are currently experiencing: ___ ___
 - Identity Financial Existential Familial Professional Housing Marital/Intimacy Other
- 5. Do you engage in self harm? (e.g., cutting, punching, scratching, increased drinking/drug use.) ___ ___
- 6. Do you have a history of suicidal behavior/attempts? If so, were you hospitalized? Y N ___ ___
- 7. Do you have any family member(s) who have attempted or completed suicide? ___ ___
- 8. Have you experienced any recent losses or hardships that cause persistent stress? If so, circle at least one loss or hardship you feel you are experiencing: Death Job-loss Break-up Major life illness Financial Housing Other ___ ___
- 9. Do you or your family have a history of mental illness (e.g., depression, bipolar, schizophrenia, etc.)? ___ ___
- 10. Are you hearing auditory hallucinations that command and/or coerce you to hurt/kill yourself? ___ ___
- 11. Do you lack a support system and/or feel people avoid you? ___ ___
- 12. Are you experiencing any ongoing and/or persistent, fatigue, exhaustion or irritability? ___ ___
- 13. Have you been sleeping too much (over 8 hours) or too little (less than 3 hours)? ___ ___
- 14. Do you wish you would be “taken away” from your social, familial and/or professional life? ___ ___
- 15. Are you feeling as though your life has no meaning? ___ ___
- 16. Are you experiencing loss of pleasure in your life? ___ ___
- 17. Are you isolating yourself from others? ___ ___
- 18. Have you been eating too much or too little? ___ ___
- 19. Do you have poor hygiene (e.g., not regularly brushing teeth, bathing, shaving, etc.)? ___ ___
- 20. Are you engaging in any self-destructive behaviors? If so, circle at least one of the following you feel you are experiencing: Reckless driving Persistent arguing Self-Isolation Physical altercations Other ___ ___
- 21. Do you feel it is too late to change or improve your current circumstances? ___ ___

Score and interpretation: _____ A score of 8 or more may indicate significant suicidality and may require immediate attention or consultation from a professional.