

ASSESSMENT OF SUICIDE RISK

Student Name _____ I.D.# _____ Date _____ Counselor _____

PROBABILITY OF ATTEMPT**LOW** _____ **MEDIUM** _____ **HIGH** _____

Instructions: Use as a check list and average for final assessment. Each item carries the same weight.

	Low	RISK Medium	High
Suicide Plan			
A. Details	___ Vague	___ some specifics	___ knows when, where, how
B. Availability of means	___ not available, will have to get	___ available, has close by	___ has in hand
C. Time	___ no specific time or in future	___ within a few hours	___ immediately
D. Lethality of method	___ pills, slash wrists	___ drugs & alcohol, car wreck,	___ violent action, carbon monoxide
E. Chance of intervention	___ others present most of the time	___ others available if called upon	___ no one nearby; isolated
Previous Suicide Attempts	___ none or one of low lethality	___ several low or 1 medium lethality history of repeated threats	___ 1 high lethality or several moderate
Stress	___ no significant stress	___ moderate reaction to loss, pressure, or change	___ severe reaction to loss, pressure or change
Symptoms			
A. Coping Behavior	___ daily activities continue as usual with little change	___ some daily activities disrupted; disturbance in eating, sleeping, school work	___ gross disturbances in daily functioning
B. Depression	___ mild, feels slightly down	___ moderate, some moodiness, sadness, irritability, loneliness & decrease of energy	___ overwhelmed with hopelessness, sadness, feels worthless
Resources	___ help available; significant others concerned and willing to help	___ family & friends available but unwilling to consistently help	___ family & friends not available or are hostile, exhausted, injurious
Type of Communication	___ direct expression of feelings and suicidal intent	___ interpersonalized suicidal goal ("They'll be sorry - I'll show them")	___ very indirect or non-verbal expression of internalized suicidal goal (guilt, worthlessness)
Life Styles	___ stable relationships, personality, & school performance	___ recent, acting out behavior and substance abuse; acute suicidal behavior in stable personality	___ suicidal behavior in unstable personality, repeated difficulties with peers, family, teachers, etc.
Medical Status	___ no significant medical problems	___ acute but short term or psychosomatic illness	___ chronically debilitated, or acute, catastrophic illness
<u>TOTAL CHECKS</u>	_____ LOW	_____ MEDIUM	_____ HIGH