

Suicide Risk Assessment

Prompt Questions:

Are you thinking of suicide?

Have you thought of killing yourself in the past 2 months?

Have you ever attempted to kill yourself?

If you received a “yes” to any of the above questions, complete the following risk assessment. If it is a suicide in progress, work to get the client emergency assistance as soon as possible.

Suicide Risk Assessment			
	Low	Moderate	High
DESIRE PRESENT?			
Suicidal Ideation	Passing thoughts of suicide	Regularly has thoughts of suicide	Constant thoughts of suicide
Psychological Pain	Little or no psychological pain	Moderate amount of psychological pain	Intense, intolerable psychological pain
Feeling Trapped	Doesn't feel trapped - sees several options to escape pain	Feels somewhat trapped - sees few options to escape pain	Feels very trapped, as if there is no other escape
Hopelessness	Feels some hope that things will get better	Feels very little hope that things will get better	Feels no hope, that there is no other solution
Helplessness	Feels in control of situation	Feels some control of situation	Believes situation is out of his/her control
Perceived Burden	Connected with friends & family; understands impact his/her suicide would have	Ambivalent about whether or not others would be better off without him/her	Believes family and friends would be better off without him/her
Feeling Alone	Feels connected to others	Feels distance from others	Feels intolerably alone
CAPABILITY PRESENT?			
Previous Attempt	None	One or more low-medium lethality	One high, or multiple low-medium lethality
Exposure to someone else's suicide	Has never lost anyone to suicide	Has lost someone and wasn't impacted significantly, or too long ago	Lost someone significant and identifies with that person

Current/Past Violence	None	Isolated incidents; has made threats of violence	Repeated violence toward others and/or current threats of violence
Availability of Means	Not available	Available, has close by	Has the means in hand
Currently Intoxicated	No	Has begun drinking or using drugs today	Is currently drunk/stoned
Substance Abuse	No history	Past history	Currently abusing substances
Mood Change	Stable mood	Some mood changes	Recent, dramatic change in mood
Anxiety	Mild, feels some discomfort	Moderate, discomfort increasing; tolerable	High; feels overwhelmed, may panic
Decreased sleep	No problems sleeping	Some sleep disturbances	Difficulty sleeping
Out of Touch	seems in touch with reality	Somewhat out of touch with reality	Seems out of touch with reality
INTENT PRESENT? YES or NO			
Suicide Plan	Vague, no plan, no specific time	Some specifics, in near future	Very specific; knows how, when, where
Preparatory Behaviors	None	Has thought about it or a few in progress	Many, written a note, made a will, funeral arrangements
Expressed Intent to Die	None	Some expressed intent - unsure of intent	Clearly expressed intent, "I want to die", etc.
BUFFERS/CONNECTEDNESS			
Immediate Supports	Others present	Others nearby, expected	Alone, no one expected
Social Supports	Has supports who are available and willing to help	At least one support available may be inconsistent	Isolated and withdrawn from others
Engagement with the Counselor	Established rapport; strong connection between client and counselor	Counselor struggles to make connection; client hesitant in conversation	Counselor and client not connected; client unwilling to talk or be helped

Core Values/Beliefs	Belief that life is valuable; religion or faith is important to client	Has ambivalent feelings about the value of life	Sees no value in living
Sense of Purpose	Believes life has purpose, can name that purpose	Has difficulty seeing purpose in his/her life	Sees no purpose in living
Future Plans	Can readily name plans for the near and distant future	Has difficulty naming future plans or may have vague thoughts about future	Can not name any future plans; does not see a future
Ambivalence for living	Readily acknowledges ambivalence; can see reason for living	Struggles to acknowledge ambivalence, has few reasons for living	Sees no reason for living
Reasons for dying		Reasons for living	

Suicide Plan (how, when, where):

History of Suicide Attempts (how, when, outcome):

Significant Others (name, contact information):

Other Comments regarding Desire, Capability, Intent, and Buffers:

ASSESSMENT & PLAN OF ACTION

To assess risk, examine each section (**Desire, Capability, Intent & Buffers**). If a majority of factors is High or Moderate/High, that component is present. Use the following risk levels to determine the degree or intervention. **Check the risk level determined.**

- _____ **High Risk** = {Desire and Capability and Intent} all present. Buffers not relevant.
{Desire and Intent} or {Desire and Capability} + {few or no Buffers}
{Capability alone} + {few or no Buffers}
{Intent alone} + {few or no Buffers}
- _____ **Moderate Risk** = {Desire and Intent} or {Desire and Capability} or
{Capability and Intent} + {Numerous Buffers}
{Capability alone} OR {Intent Alone} + {Numerous Buffers}
- _____ **Low Risk** = {Desire alone} present. Buffers have no significant impact

If the risk level is **Low, Moderate, or High**, the plan of action will vary. Please document specifics of your exploration.