

# Suicide Risk Assessment

**⊗ USE WHEN:** Patient has suicidal thoughts, depression, or other risk signs.



**Save a life  
Today!**

**Step 1. Administer the "May We Ask" screen** (Discouraged & Suicidal questions).  
by interview or paper/pencil. *NOTE: You may skip screen if suicide talk is already noted.*

**Step 2. For each risk factor below, rate SEVERITY by marking one box.**   
See accompanying *SRA Interpretation Guide* for explanation of each risk factor.

**NOTE:** **⊗ Skip to Step 3 any time you have enough information to estimate / reduce suicide risk.**

Use "?" for Risk Factors where you are unsure of severity.

Use "N/A" for Risk Factors that were not (or could not be) evaluated.

<u>Severity:</u>					<u>Risk Factor:</u>
High	Mod	Low	?	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. <b>"May We Ask" Screen.</b> <i>(May skip if suicidal talk already observed)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. <b><u>Suicide ideation, planning, intent:</u></b> Specificity, Lethality, Access, Rescue prevention, Timeframe, Believability, and Intent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. <b>Previous attempt/s</b> (severity, frequency, recency, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. <b><u>Behavioral clues:</u></b> Favorable attitude towards suicide, Malignant interactions, Emotional distress, Termination behavior, Agitated/angry/impulsive w/ - judgment/reasoning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. <b><u>Predisposing Mental Disorders/Traits:</u></b> Depression/Hopelessness, Substance abuse/dependence, PTSD, Schiz, Borderline or antisocial personality, Hx of Impulsive aggression.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. <b><u>Match to Predisposed High-Risk Group:</u></b> Elderly with..., Terminally ill with..., Depressed with..., Schiz with..., Alcoholism with..., Impulsive-aggressive with..., Previous attempt with...
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. <b><u>High-Risk Life Circumstances:</u></b> No "offsets" (no protective factors), DC from MH inpatient within past month, Stressors, Weak social support, High-risk living environment, Has gun.

**Step 3. Estimate suicide risk. (See SRA Interpretation Guide for guidance.)**

A. **IMMINENT (this week):**    High    Mod    Lo/none    ? Unable to determine

B. **LONG-TERM:**                    High    Mod    Lo/none    ? Unable to determine

C. **Justification:** \_\_\_\_\_

**Step 4. Action/Intervention needed at this time:**

A. **Safety precautions:**    No    Yes (specify): \_\_\_\_\_

(e.g., Inpatient admission with 1:1, Outpatient Safety Plan, Remove weapons, etc.)

B. **Communicate with others:**    No    Yes (specify): \_\_\_\_\_

(e.g., consult, other clinicians, family, police, 911, etc.)

C. **Therapeutic interventions:**    No    Yes (specify): \_\_\_\_\_

(e.g., medications, counseling, develop new or change current treatment plan, etc.)

D. **Patient's participation/concurrence with decisions made:**    High    Mod    Lo/none

Specify: \_\_\_\_\_

(e.g., offers insights, consents to informing family, helps prepare Safety Plan)

**Step 5. Document other salient information:** \_\_\_\_\_