

## Suicide Risk Assessment

### 1. Identify risk factors

Suicide attempts:

If yes, please describe:

*Example questions: Have you ever attempted suicide?*

*How many times have you attempted suicide?*

a. For each attempt:

*Example questions: How did you try to kill yourself?*

*When did you attempt suicide?*

*Tell me more about what happened.*

*Were you hospitalized?*

Family History of suicide:

If yes, please describe:

a. Has a family member died by suicide or attempted suicide?

b. Tell me more about what happened.

Suicidal thoughts:

*Example questions: Have you ever had thoughts of wanting to kill yourself?*

If yes, please describe:

a. When is the last time you thought about suicide?

b. Tell me more about these thoughts.

### 2. Determine if passive or active suicidal thoughts

Passive:

*Example questions: Can you describe your suicide thoughts?*

Active:

*Example questions: Can you describe your suicide thoughts?*

### 3. Assess for intensity, duration, frequency, and lethality of thoughts

Intensity:

*Example questions: Can you describe these thoughts when they were at their worst?*

*Have you felt like you are a danger to yourself?*

Duration:

*Example questions: At what age did you first experience suicidal thoughts?*

a. Fleeting or Persistent:

*Example questions: How long do the thoughts stay?*

Frequency:

*Example questions: How often do you experience suicidal thoughts(daily, several times a day, weekly, monthly)?*

Lethality/Mean:

*Example questions: When you think about killing yourself or ending your life, what do you imagine?*

*When, where, how would you do it? In what way?*

*Have you taken any steps to kill yourself?*

#### **4. History of self-harm:**

Current or past:

*Example questions: Have you ever engaged in self-harming behaviors?*

a. Method:

*Example questions: How did you try to hurt yourself?*

b. Determine intent to seriously injure self:

*Example questions: Have you ever needed medical attention?*

c. Purpose

*Example questions: How did you feel after you hurt yourself?*

d. Frequency

*Example questions: How often do you hurt yourself?*

#### **5. Identify protective factors:**

*Example questions: What are some things in your life that keep you going?*

*What keeps you wanting to live?*

*What are things that keep you safe?*

## Determine level of risk

Level of Risk	Intervention
<p>Low:</p> <ul style="list-style-type: none"><li>● Passive suicidal ideation without plan or intent</li><li>● Fleeting thoughts</li><li>● Thoughts of death</li><li>● Several protective factors</li><li>● No history of suicide attempts</li></ul>	<p>Offer suicide resources Check in during each session to evaluate level of risk</p>
<p>Moderate:</p> <ul style="list-style-type: none"><li>● Suicidal ideation with vague plan and no intent</li><li>● 1 or 2 protective factors</li><li>● Frequent fleeting thoughts</li></ul>	<p>Completion of formal safety plan Provide suicide resources Checking in every session to assess for current risk</p>
<p>High:</p> <ul style="list-style-type: none"><li>● History of suicide attempts that warranted medical treatment/inpatient</li><li>● Persistent ideation with plan or intent to harm self</li><li>● Minimal to no protective factors</li><li>● Client verbalizes being a danger to self</li></ul>	<p>Recommendation to be evaluated for inpatient services Seek consultation/supervision</p>