

SUICIDE RISK ASSESSMENT

	HIGH RISK	MEDIUM RISK	LOW RISK
1. Previous attempts	<input type="checkbox"/> Yes <input type="checkbox"/> # of attempts	<input type="checkbox"/> suicide gestures plans, thoughts	<input type="checkbox"/> Suicidal thoughts feelings, no gestures
2. Current suicide plan	<input type="checkbox"/> Well thought out, knows when, where, how	<input type="checkbox"/> Some specifics	<input type="checkbox"/> Has not thought out details
A. Details			
B. availability of means	<input type="checkbox"/> have in hand	<input type="checkbox"/> available close by	<input type="checkbox"/> not available, will have to get
C. Time	<input type="checkbox"/> immediately Within a few hours	<input type="checkbox"/> within days	<input type="checkbox"/> no specific time
D. Lethality of method	<input type="checkbox"/> high	<input type="checkbox"/> medium, may not Die	<input type="checkbox"/> low chance of death
clients impression			
interviewers view	<input type="checkbox"/> high	<input type="checkbox"/> medium, may not die	<input type="checkbox"/> low chance of death
E. Chance of rescue	<input type="checkbox"/> no one near Isolated	<input type="checkbox"/> others possibly	<input type="checkbox"/> others present
F. Recent mood Elevation	<input type="checkbox"/> increase; after depression	<input type="checkbox"/> moderate evidence	
G. Death wish	<input type="checkbox"/> states wish To die	<input type="checkbox"/> mild wish to die	<input type="checkbox"/> hope of rescue
H. suicide plan or Death preoccupation	<input type="checkbox"/> several statements, drawings, Writings, giving away possessions, made will	<input type="checkbox"/> at least one observation	
I. Impulsivity, lack Control	<input type="checkbox"/> no self control, impulsive	<input type="checkbox"/> has some control	<input type="checkbox"/> can delay impulsiveness
J. Reasons for dying	<input type="checkbox"/> sees no Reason to live	<input type="checkbox"/> reasons for dying = or outweigh those For living	<input type="checkbox"/> reason for living outweigh those for dying
K. No fear of suicide	<input type="checkbox"/> no fear of Death	<input type="checkbox"/> some fear of death	<input type="checkbox"/> fear of consequences out- weighs desire to die
3. Exposoure to suicide family member/friend	<input type="checkbox"/> completed suicide	<input type="checkbox"/> attempted suicide	<input type="checkbox"/> describes attempts
4. Emotional Condition			
A. mental illness	<input type="checkbox"/> treated or Diagnosed	<input type="checkbox"/> long standing or moderate	<input type="checkbox"/> occaisional difficulties
B. depression/ hopelessness	<input type="checkbox"/> serious, pervasive	<input type="checkbox"/> moderate	<input type="checkbox"/> feels down
C. disintegration Of behavior	<input type="checkbox"/> disorganization	<input type="checkbox"/> some disruption	<input type="checkbox"/> minor changes
D. self-destructive Behavior	<input type="checkbox"/> high	<input type="checkbox"/> medium	<input type="checkbox"/> low
E. alcohol and drug Abuse	<input type="checkbox"/> heavy	<input type="checkbox"/> occaisional	<input type="checkbox"/> low

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| F. Panic attacks | <input type="checkbox"/> yes | <input type="checkbox"/> occasional | <input type="checkbox"/> no |
| G. Coping skills | <input type="checkbox"/> inability | <input type="checkbox"/> variability | <input type="checkbox"/> strengths available |
| 5. Current Stresses or losses | <input type="checkbox"/> severe reaction to loss | <input type="checkbox"/> moderate | <input type="checkbox"/> mild reaction |
| 6. Medical problem | <input type="checkbox"/> chronic, debilitating | <input type="checkbox"/> acute or short term | <input type="checkbox"/> transient |
| 7. Social isolation | <input type="checkbox"/> without friends | <input type="checkbox"/> some friends, but a loner | <input type="checkbox"/> some friends |
| 8. Rejection of social or religious contacts | <input type="checkbox"/> high | <input type="checkbox"/> medium | <input type="checkbox"/> low |
| 9. Physical/sexual abuse and neglect | <input type="checkbox"/> ongoing | <input type="checkbox"/> mild/moderate | <input type="checkbox"/> possible |
| 10. Family violence | <input type="checkbox"/> chronic | <input type="checkbox"/> moderate | <input type="checkbox"/> mild |
| 11. Sexual Identity concerns | <input type="checkbox"/> significant conflict about identity | <input type="checkbox"/> conflict but some support | <input type="checkbox"/> concerned, but supported |
| 12. Family | | | |
| A. Contribution To problem | <input type="checkbox"/> denies suicide rejects youth | <input type="checkbox"/> family available, but ambivalent | <input type="checkbox"/> family upset but willing to help |
| B. Pressure to Achieve | <input type="checkbox"/> perfectionistic; demanding | <input type="checkbox"/> high expectations | <input type="checkbox"/> communicates satisfaction |

Contract

I, _____ will not take any actions to end my life until I talk with you, _____.

If I feel suicidal, I will contact you as soon as possible # _____.

If you are not available, I will also call 512 472 HELP (4357) the 24 hour hotline for assistance.

Signatures

Youth

Adult

Date

_____ LOCATION

STAY ALIVE CONTRACT

I, _____ (YOUTH NAME), WILL NOT TAKE ANY ACTIONS TO
END MY LIFE UNTIL I TALK WITH YOU, _____ (ADULT
NAME). IF I FEEL SUICIDAL, I WILL CONTACT YOU AS SOON AS POSSIBLE
(PHONE NO: _____). IF YOU ARE NOT AVAILABLE, I WILL ALSO CALL
472-HELP (24 HOUR HOT LINE) FOR ASSISTANCE.

SIGNATURES:

YOUTH

ADULT

DATE