

# **Suicide Assessment Form Resource Sheet**

## **Recommended Elements**

A thoughtfully constructed form is an effective way to organize the clinical information upon which to base an assessment of risk for a client. Clinicians work with a variety of different populations in a range of settings, and the form used must be compatible with the setting and the client population. There is no perfect universal form to capture the information needed and to guide the appropriate level of care response. There is, however, a good general understanding of the elements needed for good decision-making. This resource sheet is an effort to list those important elements. It is not meant to be comprehensive or exhaustive, but will serve to assist you should you want to develop an assessment form for your work setting.

A suicide assessment form is not a substitute for a thoughtfully completed interview based on a therapeutic relationship with the client and used to gather the relevant information, it is merely the tool used to capture, organize and document the information thus gained.

### **Recommended Assessment Form Elements**

Date of Assessment

Person completing assessment

Demographic information sufficient to identify client & gender, age and contact information:

Assessment Instruments completed for the assessment, if any (attached)

### **Reason for the Assessment (quote if possible)**

- Referred by: (if relevant)
- Quality of therapeutic alliance
- Attitude toward this assessment interview

### **Family/ Social Status**

- Married, divorced, single, lives alone, lives with...
- Degree of isolation/ connection/ engagement
- Relevant Family History- Mental Illness, Suicide, Trauma, violence, abuse, losses
- Active military, Military veteran

### **Current Functioning**

- School or vocational functioning
- Self care and financial
- Lives independently
- Recent loss in functional ability

### **Medical Health Status**

- Acute or chronic medical conditions present? Details
- Perceived prognosis
- Presence of terminal or debilitating chronic illness
- Severe chronic pain
- Traumatic Brain Injury

### **Substance Abuse Status**

- Current and historic levels of drinking and any recent changes. Date and time of last drink.
- Current and historic levels of drug use and any recent changes. Date and time of last use.
- Current and historic levels of prescription drug use and any recent changes; last time used.
- Has anyone been worried about your substance use? Any problems related to your use?

### **Mental Health/ Psychiatric Status**

- Psychiatric history, Hx of treatment; current treatment providers
- History of hospitalizations & reason for same.
- Medication prescribed and medication taken. Any recent changes.
- Psychiatric Diagnostic History
  - Depression, Post Partum Depression, Psychotic Depression
  - Bipolar Disorder
  - Schizophrenia
  - Eating Disorders
  - Substance Abuse disorders
  - Personality Disorders (Cluster B)
  - Anxiety Disorders (PTSD, Panic attacks, OCD, ...)
  - Other \_\_\_\_\_.
- Psychiatric Symptoms and self-rated severity (1-10) and observed severity for each:
  - Depression
  - Anxiety
  - Agitation
  - Hopelessness
  - Anger/rage/ hostility
  - Impulsivity
  - Insomnia
  - Disordered eating

**Mini Mental Health Status Exam Results:** Include alertness, orientation, and mood, affect, thought content and processes, presence of psychosis, speech, memory and reality testing.

**Nature of Suicidal Thinking and Risk** - If client denies, what is source of the information used to assess risk?

- Suicidal Ideation Present (Use a quote here if possible)
  - How often
  - How intense (self rated 1-10)
  - For what duration?
- Suicide Plan (use a quote here if possible)
  - Plan details/ means (what)
  - Intended time (where)
  - Intended location (when)
  - Who else knows, or who else is involved?
  - Means acquired or easily available
  - Rehearsal or preparation steps and planning made
  - Suicide note written, tying up loose ends/ saying goodbye...
- Lethality of plan
  - Perception of client
  - Objective assessment
  - Presence of firearms or other highly lethal means
- Reason for dying and
- Reason for Living (What has stopped you so far?)
- Intent: Subjective (what the client says [quote]) & Objective (observed behavior) Discrepancies noted.
- Attempt History (if yes, then)
  - how many times,
  - when was most recent attempt,
  - lethality of method used,
  - response, treatment engagement...
- Homicidal ideation present? If so, who is targeted? Intent? Means?

