



TEN QUESTIONS : SUICIDE RISK ASSESSMENT

1. How will you do it?
(Note vagueness or specificity of the plan)
2. Do you really want to die? How much do you want to die?
(1. A little; 2. some; 3. a lot)
3. How much do you want to live?
(1. A little; 2. some; 3. a lot)
4. How often do you think about dying / suicide?
(Strength of preoccupation, obsession)
5. When thinking about suicide, how long do these thoughts stay with you?
(Persistence of thoughts, control over thoughts)
6. Is there anyone or anything that would stop you?
(Support system)
7. Have you ever attempted suicide? Do you know someone who did?
(Identification factors)
8. Do you have a plan?
(Where client is in regard to plan, is the plan lethal, does the client have access to a gun, pills, etc.?)
9. On a scale of 1 to 10, what is the probability that you will kill yourself?
(confronts all or none thinking)
10. What has happened to make life not worth living?
(client marks important factors)

SUICIDE ASSESSMENT REPORT

Demographics and Presenting Problem

Date, time, place
Name, age, sex
Referral / presenting problem(s)

General Impressions at Interview

Dress
Demeanor
Mental Status
Behavior

Assessment Findings, Level of Risk, Action Taken, Policy Followed, Recommendations, Concerns, Follow-Up

Level of Risk
Statements of facts or observations to support your assessment
Action taken, how the agency policy was followed
Recommendations
Concerns
Next action / follow-up