

## SUICIDE RISK EVALUATION

Name of Evaluator: \_\_\_\_\_ Date/Time of Evaluation: \_\_\_\_\_

<b>Dangerousness:</b> Is the patient currently dangerous to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Toward Whom:	Plan?:
Means:	Attempt(s)?:
<b>Current Violent Thoughts (During the event):</b>	
4 Expresses intense wish to kill someone specific.	
4 Reveals command hallucinations to injure someone.	
3 Expresses ambivalent wish to kill someone specific.	
2 Expresses non-specific feelings of rage and belligerence. Questionable impulse control.	
1 Some homicidal thoughts or behavior, or history of same, but wishes and is able to control behavior.	
0 Reveals no homicidal thoughts.	
<b>Recent Violent Behaviors (Days, weeks, months, recent years):</b>	
4 Showed serious assaultive behavior [e.g. tried to strangle, stab or shoot someone].	
3 Beat-up someone badly [e.g. broke bones or required hospitalization].	
2 Slapped or pushed or punched someone [no serious outcome].	
1 Broke things in house or elsewhere.	
0 Showed good control of his/her behavior.	
<b>Past History of Violent Antisocial/Disruptive Behaviors (Lifetime history):</b>	
4 Has committed violent acts in the past [e.g. beaten up people].	
4 Has been arrested for assaultive behavior.	
3 Carries weapons [e.g. knife, gun, chain, razor, etc.].	
3 Has access to weapons.	
2 Has been arrested for automobile infractions.	
2 Has a criminal record.	
2 Chronic problems with authority [e.g. truancy, running away from home, family fights, etc.].	
2 Has history of impulsive or unpredictable behavior [loses temper easily, overeats, sexual promiscuity].	
2 Frequent changes of living situation as a child.	
0 Has no past history of violence.	

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<b>Current Suicidal Thoughts (During the event):</b>
4 Expresses intense wish to kill self and has made a plan.
4 Reveals psychotic or delusional thoughts or hallucinations to kill or injure self.
3 Expresses intense wish to kill self but has made no plan.
2 Expresses ambivalent wish to kill self.
0 Reveals no suicidal ideas.
<b>Recent Suicidal Behaviors (During the past several weeks):</b>
4 Made a serious suicidal attempt [e.g. tried to kill self by gunshot, ingestion, hanging or jumping].
4 Attempt made with little chance of discovery by others.
3 Made a suicidal gesture [e.g. superficially cut wrist or ingested a few pills].
3 Made a specific suicide plan.
2 Had no interest or hope for the future.
0 Has no suicidal plans or attempts.
<b>Past History of Suicide (Lifetime History):</b>
4 Relative or close friend has committed suicide, made a suicide attempt, or died from non-natural means.
4 Has (or had) extended periods (two weeks or more) of feeling sad and hopeless.
4 Has (or had) a period of being out of touch with reality (hearing voices, bizarre beliefs, confusion, etc.).
3 Has made one or more previous suicide attempts.
2 Current attempt is an "anniversary" reaction.
2 Has a serious medical illness or disability.
0 Has no past history or suicidal thoughts or attempts.
<b>Support Systems/Stresses:</b>
4 Has been diagnosed with a terminal, chronic and/or debilitating medical illness.
3 No family, friends, social agency, mental health professional or other social support available.
2 Has tenuous connection with family, friends, social agency, mental health professional or other social support.
2 Has had many recent life stresses [e.g. job, family, children, etc.]
1 Has a family which is marginally willing or able to help.
0 Has a family strongly committed and able to help.

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<b>Ability to Cooperate:</b>
3 Refuses to cooperate with law enforcement and/or with medical/mental health treatment
2 Unable to cooperate with law enforcement and/or with medical/mental health treatment
1 Wants help but motivation is weak.
0 Actively seeks treatment; willing and able to cooperate.
<b>Substance Abuse:</b>
3 Is intoxicated.
3 Is in withdrawal.
3 Is a compulsive long-term drug abuser (includes alcohol or other drugs).
2 Is an occasional drug abuser (includes alcohol or other drugs).
1 Recreational use of drugs.
0 No abuse of any drugs.

**TOTAL SUM OF CIRCLED ITEMS:** \_\_\_\_\_

<b>IF SCORE = 11 OR MORE, SUBJECT PRESENTS A VERY HIGH SUICIDE RISK!!!</b>
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**NOTES:**