

SUICIDE RISK ASSESSMENT TOOL

INSTRUCTIONS: Complete the following questions to assess the patient's risk of harm to self.

Patient Name

Patient Number

Date

QUESTIONNAIRE:

1. Have you ever felt depressed for several days at a time? _____ yes _____ no

2. During this time, have you ever had thoughts of killing yourself? _____ yes _____ no

3. When did these thoughts occur? _____

4. What did you think of doing to yourself? _____

5. Did you act on your thoughts? _____

6. How often have these thoughts occurred? _____

7. When is the last time you had these thoughts? _____

8. Have your thoughts ever included harming someone else in addition to yourself _____

9. How often has that occurred? _____

10. What have you thought about doing to the other person? _____

11. What would be the outcome or benefit be of this act toward this other person? _____

12. When does this thought occur? _____

13. Recently, what specifically have you thought about doing to yourself? _____

14. Have you taken any steps towards acquiring the Agun, pills@ and so forth?

15. Have you thought about when you would do this? _____

16. Have you thought about where you would do this? _____

17. Have you thought about what effect your death would have on your family and friends? _____

18. You sound ambivalent, unsure about these plans. What are some of the reasons that have kept you from acting on them so far? _____

19. More specifically, what are your feelings about religion, suicide and God? _____

20. What are your thoughts about your responsibilities for your family and children if you kill yourself? _____

21. What are your thoughts about other reasons for living and staying alive? _____

22. What help could make it easier for you to cope with your current thoughts and plans? _____

23. Have you made any plans for your possessions or to communicate with people after your death such as a note or a will? _____

24. How does talking about this make you feel? _____

Completed by: _____ Date: _____

ANTISUICIDE CONTRACT

Patient Name _____ Patient # _____ Date _____

I, _____, agree to the following terms:
(Patient Name)

1. I agree that one of my major goals is to live my remaining life with less unhappiness than I have now. I want my family and friends to have happy memories of me after my death.

2. I understand that becoming suicidal when depressed or upset stands in the way of achieving this goal, and I therefore would like to overcome this tendency. I agree to learn better ways to reduce my emotional stress.

3. Since I understand that this will take time, I agree in the meantime to refuse to act on urges to injure or kill myself between this day and _____.
(Date)

4. If at any time I should feel unable to resist suicidal impulses, I agree to call _____.
If this person is unavailable, I will call _____ at _____ or go directly to _____.
(Name) (Number) (Hospital) (Address)

5. My social worker, _____, agrees to work with me in scheduled visits to help me learn constructive alternatives to self-harm and to be available as much as is reasonable during times of crisis.

6. I agree to abide by this agreement either until it expires or until it is openly negotiated with my social worker. I understand that it is renewable at or near the expiration date of _____.
(Date)

Patient=s Signature _____ Date _____

Social Worker=s Signature _____ Date _____