# Suicide Risk Assessment Checklist

## SUICIDE RISK ASSESSMENT CHECKLIST

Instructions for completing the Comprehensive Suicide Risk Assessment Checklist: 1. Basic Information: Fill in the client's name and contact information. Include the date of the assessment. 2. Risk Factors: Mark all that apply. Each item in this section represents potential risk factors that may increase the likelihood of a suicide attempt. You'll want to gather this information through a combination of self-reporting from the client, previous medical or psychiatric records, and information from other sources as appropriate and with the client's consent. 3. Warning Signs: Mark all that apply. These represent more immediate signals that the individual may be at risk of suicide. They should be taken very seriously. 4. Mental Health Assessment: This section should be completed based on a comprehensive mental health evaluation. It may include structured diagnostic interviews, psychological testing, and clinical judgment. 5. Social and Environmental Assessment: This involves evaluating the client's living situation, support system, and current or historical exposure to stressful or traumatic events. This will often involve both self-reporting and collateral information from other sources. 6. Protective Factors: This section identifies factors in the client's life that may decrease the risk of suicide. This includes internal factors, like coping skills or a strong sense of responsibility for others, and external factors, like access to mental health care and social support. 7. Summary and Action Plan: Based on the information collected, determine the level of risk. This should be an integrative summary that considers all of the information gathered in the assessment. The action plan will depend on the risk level and should outline the next steps. This might include a referral for mental health treatment, creating a safety plan, scheduling regular follow-ups, or hospitalization in severe cases. Remember, it's important to revisit and update the assessment over time, as individuals' circumstances and mental states can change. Also, the checklist should not be the sole tool to assess suicide risk. The professional's clinical judgment, knowledge, and understanding of the client should be a major part of any assessment process.

**Client Name *:** _____ **Client Telephone Number:** _____

**Date of Evaluation *:** _____ dd / mm / yyyy

**History of suicide attempts**

- [ ] Yes

**Medical severity of previous attempts**

- [ ] Yes

**Age (risk increases with age)**

- [ ] Yes

**Gender (specific risks associated with each gender)**

- [ ] Yes

**Family history of suicide**

- [ ] Yes

**Family history of psychiatric disorders**

- [ ] Yes

**Personal psychiatric history**

- [ ] Yes

**Access to lethal means (e.g., firearms, medications)**

- [ ] Yes

**Recent loss or other crisis (e.g., relationship, job)**

- [ ] Yes

**Recent discharge from psychiatric hospital**

- [ ] Yes

**Substance use or abuse**

- [ ] Yes

**Expression of a desire to die or suicide plan**

- [ ] Yes

Giving away possessions or settling affairs

- [ ] Yes

Mood changes, particularly sudden improvement after a period of depression

- [ ] Yes

Social withdrawal

- [ ] Yes

Increased alcohol or drug use

- [ ] Yes

Researching suicide methods

- [ ] Yes

Presence of psychiatric disorders (specifically, mood disorders, psychosis, anxiety disorders, substance-related disorders)

- [ ] Yes

Severity of symptoms (e.g., severe hopelessness, agitation)

- [ ] Yes

Recent or lifetime history of aggressive behavior or impulsivity

- [ ] Yes

Symptoms of PTSD, if applicable

- [ ] Yes

Living situation and its stability

- [ ] Yes

Level of social support and connectedness

- [ ] Yes

History of physical or sexual abuse

- [ ] Yes

Current stressors (e.g., legal or financial issues)

- [ ] Yes

History of or current exposure to suicidal behavior of others (e.g., family members, peers, in the media)

- [ ] Yes

Positive social support

- [ ] Yes

Access to mental health care and positive experiences with providers

- [ ] Yes

Problem-solving skills

- [ ] Yes

Religious or spiritual beliefs that affirm life

- [ ] Yes

Responsibilities and duties to others

- [ ] Yes

Pets

- [ ] Yes

Summary of patient's suicide risk *

- ◯ High
- ◯ Medium
- ◯ Low
- ◯ None

Explanation of risk assessment

Action plan (e.g., refer to a mental health professional, initiate a safety plan, frequent check-ins, hospitalization if severe)