

# 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)  
\_\_\_\_\_ at \_\_\_\_\_  
(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 \_\_\_\_\_