

# SUICIDE RISK\*

Date\_\_\_\_\_

SUMMARY SCREENING CRITERIA\* FOR: Name\_\_\_\_\_

**STRESSORS:** [current disposition]

- Loss of "significant other" by death, divorce, separation (who, when, etc.)\_\_\_\_\_
- Loss of important peer relationship(s)
- Apparent alienation/rejection of parent(s) spouse, or authority figures(s)  
Recent failure at school, at work, or in relationships, sports, academics, job promotion, etc.
- Recent involvement with the law
- Does not belong to an identified peer group

Other stressors:\_\_\_\_\_

\_\_\_\_\_

**EMOTIONAL STATE:**

- Feels guilty (needs to be punished)
- Feels anxious, fears something is about to happen
- Feels hopeless, change is not expected
- Feels very alone, no one seems to care
- Feels trapped, in bondage, can't get free
- Feels helpless, with little support/resources

**SYMPTOMS** [How long present?]

- Change of sleep pattern/restlessness
- Change in appetite/eating patterns
- Gain or loss of weight
- Recent isolation or withdrawal behaviors
- Lethargic and change of energy level
- Truancy / running away behaviors
- Aggression / agitation behaviors
- Impaired ability to concentrate
- Thinking / talking about wish to die
- Noticeable increase in sexual activity
- Sexual problems (pregnancy, identity, promiscuity, disease, etc.)
- Frequent sick visits to doctor or clinic
- Change in personal appearance
- Somatic complaints (headaches, etc)
- Drug / alcohol abuse(s)
- Thinking/talking about wish to reunite with deceased other person
- Lacks interest in pleasurable activities
- Has given away prized possessions and special personal belongings

## SELF-DESTRUCTIVE PLAN

Method\_\_\_\_\_ Is implement available?  Yes  No  
How lethal is the method?  High  Low

Place intended\_\_\_\_\_ Date\_\_\_\_\_ Time\_\_\_\_\_

Has the person made a public declaration of his/her intent?  Yes  No

Any prior thought of suicide?  Yes  No When did they first occur? \_\_\_\_\_

How frequently does the person think about suicide? \_\_\_\_\_

Any prior threats?  Yes  No When?\_\_\_\_\_

Any prior attempts?  Yes  No When?\_\_\_\_\_

Hospitalized for depression or suicidal behavior?  Yes  No When? \_\_\_\_\_

Received previous out-patient treatment?  Yes  No When?\_\_\_\_\_

Is person willing to agree and commit to a "no suicide" contract?  Yes  No

Other important information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OVER →**

CAREGIVING INTERVENTION:

Date\_\_\_\_\_

- I do not perceive this person at risk for suicide and I will seek to provide needed support myself without referral.
- I do perceive this person as a low risk for suicide, have contacted this person’s next of kin – alerting him or her, named below and dated, of my assessment – and made to this person and their next of kin my recommended referral for further assessment and therapy, as noted below:

Next of kin \_\_\_\_\_ Date contacted \_\_\_\_\_  
 Address \_\_\_\_\_ Time contacted \_\_\_\_\_  
 Phones \_\_\_\_\_

- I do perceive this person as a high risk for suicide, have contacted this person’s next of kin – alerting him or her, named below and dated, of my assessment – and made to this person and their next of kin my recommended referral for further assessment and therapy, as noted below:

Next of kin \_\_\_\_\_ Date contacted \_\_\_\_\_  
 Address \_\_\_\_\_ Time contacted \_\_\_\_\_  
 Phones \_\_\_\_\_

- Finding this person affirmative to suicidal thoughts and feelings, I have invited this person to agree to a ‘No self-destructive’ / ‘No suicide’ contract, and he/she is
  - affirmative
  - not affirmative.

Upon reflection, I now commit myself to a ‘No self-destructive’ / ‘No suicide’ contract with \_\_\_\_\_, the person I am now with, and I further agree to “talk out my thoughts and feelings” with my chosen professional counselor or therapist “rather than act them out.”

Signature\_\_\_\_\_

Comments:

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Referral for further assessment and therapy to:

\* [Screening Criteria presented by:]  
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 BELIEF-FOCUSED CARE & HEALING  
 Montvale Plaza at HealthSource  
 2205 Wabash – Suite 102  
 Springfield, IL 62704-5355  
 217-546-9800 [www.roynash.com](http://www.roynash.com)

Other:

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\* Source: Some information identified is from the **Diagnostic Statistical Manual of Mental Disorders**, Fourth Edition (DSM -IV™). American Psychiatric Association. 1994.