

# Suicide Prevention — Risk Assessment Tool

**Instructions:** Complete this tool after interviewing the patient (including administration of the C-SSRS Lifetime/Recent Assessment), reviewing medical record(s), and/or consulting with family members and/or other professionals. **Check all risk and protective factors that apply.**

**Purpose:** This tool enables you to estimate the patient's suicide risk through knowledgeable assessment of risk and protective factors. After you complete the tool, review the number and type of positive responses to guide your treatment plan.

**Additional resources:** Refer to the [\*Suicide Prevention CPM\*](#) for a discussion of risk factors, definitions of terms, and strategies for talking about suicide with patients.

Suicidal and self-injurious behavior	Past 3 months	Lifetime
Actual suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>
Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/>
Aborted or self-interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/>
Other preparatory acts to kill self	<input type="checkbox"/>	<input type="checkbox"/>
Self-injurious behavior without suicidal intent	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal ideation	Past 1 month	Lifetime
Wish to be dead	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts with method (but without specific plan or intent to act)	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal intent (without specific plan)	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal intent (with specific plan)	<input type="checkbox"/>	<input type="checkbox"/>
Activating events	Recent	
Loss or other significant negative event	<input type="checkbox"/>	
Describe:		
Pending incarceration or hopelessness	<input type="checkbox"/>	
Current or pending isolation or feeling alone	<input type="checkbox"/>	
Treatment history	Any history	
Previous psychiatric diagnoses and treatments	<input type="checkbox"/>	
Hopeless or dissatisfied with treatment	<input type="checkbox"/>	
Noncompliant with treatment	<input type="checkbox"/>	
Not receiving treatment	<input type="checkbox"/>	
Recent inpatient admission	<input type="checkbox"/>	
Other risk factors	Any	
Man >85 years	<input type="checkbox"/>	
Adverse childhood experiences (emotional, physical or sexual abuse; household substance abuse, mental illness, and incarceration; parental domestic violence, separation, or divorce)	<input type="checkbox"/>	
Exposure to suicide (family, friends, etc.)	<input type="checkbox"/>	
Exposure to violence or negative sociopolitical, cultural, and economic forces	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Clinical status	Current/recent
Hopelessness	<input type="checkbox"/>
Major depressive episode	<input type="checkbox"/>
Mixed affective episode	<input type="checkbox"/>
Command hallucinations to hurt self	<input type="checkbox"/>
Highly impulsive behavior	<input type="checkbox"/>
Substance use disorder (abuse or dependence)	<input type="checkbox"/>
Agitation or severe anxiety	<input type="checkbox"/>
Perceived burden on family or others	<input type="checkbox"/>
Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)	<input type="checkbox"/>
Homicidal ideation	<input type="checkbox"/>
Aggressive behavior toward others	<input type="checkbox"/>
Method for suicide available (gun, pills, etc.)	<input type="checkbox"/>
Protective factors	Current/recent
Identifies reason for living	<input type="checkbox"/>
Responsibility to family or others; living with family	<input type="checkbox"/>
Supportive social network or family	<input type="checkbox"/>
Fear of death or dying due to pain and suffering	<input type="checkbox"/>
Belief that suicide is immoral; high spirituality	<input type="checkbox"/>
Engaged in work or school	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>
Other protective factors	Current/recent
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Behaviors	Dates
Describe any suicidal, self-injurious, or aggressive behavior:	

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



Screen50043

## Suicide Prevention Risk Assessment Tool

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