**SUICIDE RISK ASSESSMENT CHECKLIST**

**INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date(Y/M/D): |  | | | Student #: |  |
| Name: |  | | | Birthdate (Y/M/D): |  |
| Address: |  | | | City: |  |
| Postal Code: |  |
| Telephone: |  | Cell: |  | | |

**DEGREE OF RISK**

|  |  |  |
| --- | --- | --- |
| □ **LOW**  No plan - non-emergency | □ **MEDIUM**  Has a plan - no imminent danger | □ **HIGH**  Emergency – has a plan, likely to act |

**SUICIDAL THOUGHTS**

|  |  |
| --- | --- |
| Frequency: | □ Hourly □ Daily □ Weekly □ Monthly |
| Intensity right now: | Low 1 2 3 4 5 6 7 8 9 10 High |
| How bad does it get? | Manageable 1 2 3 4 5 6 7 8 9 10 Unbearable |

|  |  |  |
| --- | --- | --- |
| **Critical event(s)/trigger(s):** | □ Yes □ No | If yes, |

|  |  |  |  |
| --- | --- | --- | --- |
| Prior suicidal thoughts | □ Yes | □ No | If yes, describe |
| Prior suicide attempt | □ Yes | □ No | If yes, describe |
| Current plan | □ Yes | □ No | Timeline and means: |
| Access to means / method | □ Yes | □ No |  |

**RISK FACTORS**

|  |  |  |  |
| --- | --- | --- | --- |
| Client lives alone | □ Yes □ No | Client reports anger toward others | □ Yes □ No |
| Client reports indifference / apathy | □ Yes □ No | Client has been giving away possessions | □ Yes □ No |
| Substance abuse disclosed | □ Yes □ No | Depressive symptoms evident | □ Yes □ No |
| History of suicide by friend / family member | □ Yes □ No | Direct statement of intent to suicide | □ Yes □ No |
| Expresses unbearable hopelessness | □ Yes □ No | Indirect statements of intent to suicide | □ Yes □ No |
| Recent loss of loved one | □ Yes □ No | Health issues | □ Yes □ No |
| Impulsivity | □ Yes □ No | Rigid thinking (inflexible / lack of openness) | □ Yes □ No |
| Recent stressful events | □ Yes □ No | Lack of sense of belongingness | □ Yes □ No |
| Nothing seems good enough any more | □ Yes □ No | Loss of familiar environment / connections | □ Yes □ No |
| Current crisis | □ Yes □ No | Family problems (particularly if longstanding) | □ Yes □ No |
| Recent relationship breakup | □ Yes □ No | LGBTQ issues | □ Yes □ No |
| Being bullied | □ Yes □ No | Detaching from social / personal relationships | □ Yes □ No |
| Concluding personal affairs (banking/will) | □ Yes □ No | Confused mental state is evident | □ Yes □ No |
| Agitation is evident | □ Yes □ No | Mental health diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Yes □ No |

**CONTRAINDICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| A viable support system is available | □ Yes □ No | Maintaining contact with significant others | □ Yes □ No |
| Moral / religious restraints against suicide | □ Yes □ No | Signs of affective openness and rapport | □ Yes □ No |
| History of physical / emotional wellbeing | □ Yes □ No | Positive attitude toward personal responsibility | □ Yes □ No |
| Upon recovery, satisfying life situation exists | □ Yes □ No | Is receiving mental health care | □ Yes □ No |

|  |  |
| --- | --- |
| **Available resources**: |  |

**ACTION TAKEN**

|  |  |
| --- | --- |
| Advised of emergency department | □ Yes □ No |
| Provided crisis line / Good Talk contact information | □ Yes □ No |
| Accompanied to emergency department | □ Yes □ No |
| Contacted CMHA Mobile Crisis Team | □ Yes □ No |
| Contacted police / 911 | □ Yes □ No |
| Contacted family doctor | □ Yes □ No |
| Contacted family / friends / partner | □ Yes □ No |
| Consulted with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Yes □ No |
| Counselling appointment scheduled | □ Yes □ No |
| Other (describe): | □ Yes □ No |
| Consent form(s) attached □ Family □ Friend □ Physician □ Therapist □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Yes □ No |
| □ Consent refused |  |

**FOLLOW UP PLAN**

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| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Therapist: |  | Date (Y/M/D): |  |