

### Suicide Assessment Checklist-R

This form is intended to be used to guide and document comprehensive suicide risk assessment. It should be used in conjunction with other interview and historical data as an aid in determining appropriate client disposition. It is not intended as a predictive device and should not be used as such. However, the higher the scores the more concern one should have regarding potential suicidal behaviors.

CLIENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: MALE FEMALE

#### PART 1

ASSESSING SUICIDAL RISK: Circle all of the items relating to the client's situation and sum the corresponding score at the end of PART 1.

CLIENT HAS DEFINITE PLAN: YES (6)

PREVIOUS PSYCHIATRIC HISTORY: YES (4)

METHOD: FIREARM (10) CAR EXHAUST (7) HANGING (9)  
DROWNING (6) SUFFOCATING (6) JUMPING (5)  
DRUGS/POISON (6) CUTTING (3) OTHER (3): \_\_\_\_\_

METHOD ON HAND: YES (5) SUICIDE SURVIVOR: YES (6)

MAKING FINAL PLANS: YES (6) DRUG AND/OR ALCOHOL USE: YES (5)

PRIOR ATTEMPT(S): YES (5) MALE 15-35 OR 65 AND OLDER: YES (5)

SUICIDE NOTE: YES (6) DEPENDENT CHILDREN AT HOME: YES (-4)

MARITAL STATUS: SINGLE (3) MARRIED (2) DIVORCED (5) SEPARATED (5) WIDOWED (5)

PART 1 TOTAL \*\*: \_\_\_\_\_

#### PART 2

From your interview, rate your impression of the client's status on each of the following items (see back page for further item explanation). Ratings should be based on initial perceptions of the client's status rather than on changes resulting from any intervention. Sum the corresponding item ratings at the end of PART 2 (minimum score = 9).

	NONE				EXTREME
SENSE OF WORTHLESSNESS:	1	2	3	4	5
SENSE OF HOPELESSNESS:	1	2	3	4	5
SOCIAL ISOLATION:	1	2	3	4	5
DEPRESSION:	1	2	3	4	5
IMPULSIVITY:	1	2	3	4	5
HOSTILITY:	1	2	3	4	5
INTENT TO DIE:	1	2	3	4	5
ENVIRONMENTAL STRESS*:	1	2	3	4	5
FUTURE TIME PERSPECTIVE:	5	4	3	2	1

\*The level of stress precipitated by any actual or anticipated events in the client's life, such as loss of a loved one, change in life style, humiliation, etc.

PART 2 TOTAL \*\*: \_\_\_\_\_

PART 1 TOTAL \*\*: \_\_\_\_\_

TOTAL SCORE \*\*: \_\_\_\_\_ (Sum of PART 1 + PART 2)

\*\* Total scores are for research purposes and not intended for use as predictors.

Was the client engaged in a 'no suicide' contract?: YES NO NOT APPROPRIATE

Considering all of the information available, indicate the client's level of suicide risk on the following scale:

LOW RISK 1 2 3 4 5 HIGH RISK

Disposition or referral: \_\_\_\_\_

COUNSELOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **APPENDIX B**

### **Suicide Assessment Checklist – Terminology Sheet**

The following are brief definitions or explanations of the terms used in the Suicide Assessment Checklist.

#### **PART 1**

**CLIENT HAS A DEFINITE PLAN** – Has the client formulated a plan to commit suicide other than a vague ‘I’m going to kill myself.’?

**METHOD** – If the client does have a concrete plan, which method has she/he chosen?

**METHOD ON HAND** – Is the method one that is readily available to the client as opposed to one that needs to be obtained?

**PREVIOUS PSYCHIATRIC HISTORY** – Psychiatric history is used here as a broad term to include the range from inpatient psychiatric care to outpatient psychotherapy.

**MAKING FINAL PLANS** – Is the client taking care of ‘unfinished business’ and/or giving away prized possessions?

**PRIOR ATTEMPTS** – Has the client admitted to having previously attempted suicide or described situations that may have been ‘hidden’ attempts?

**SUICIDE NOTE** – Has the client written or is he/she planning to write a suicide note placing blame for the action, leaving instructions to survivors, or saying goodbye?

**SUICIDE SURVIVOR** – Has the client had a close friend or relative who has committed suicide?

**DRUG/ALCOHOL USE** – Does the client use alcohol or drugs at any level.

**MALE 15-35 OR 65 AND OLDER** – Is the client a male in either of these age categories?

**DEPENDENT CHILDREN AT HOME** – Does the client have one or more children 18 years or younger living in the household?

**MARITAL STATUS** – What is the marital status of the client?

#### **PART 2**

Ratings of the following items are to be based upon your impression of the client’s status or ‘feelings.’ For example, how hopeless does the client ‘seem’ to feel as opposed to how hopeless do you think the client ‘should’ feel given the circumstances. Ratings of these items are to be based upon your initial impressions of the client’s status rather than on the client’s feelings resulting from successful resolution of the presenting situations.

**SENSE OF WORTHLESSNESS** – To what degree does the client ‘feel’ that she/he has no personal worth or value to him/herself and others?

**SENSE OF HOPELESSNESS** – To what degree does the client ‘feel’ that there is no hope for improvement in his/her situation in the future?

**SOCIAL ISOLATION** – To what degree does the client ‘feel’ that he/she has no friends and relatives to whom he/she can turn?

**DEPRESSION** – To what degree does the client exhibit signs of depression, i.e., inactivity, lack of interest, disrupted eating and/or sleeping habits, etc.?

**IMPULSIVITY** – To what degree does the client exhibit impulsive behavior, i.e., acting with little rational thought to outcomes?

**HOSTILITY** – How much anger does the client seem to have towards him or herself, others, or institutions?

**INTENT TO DIE** – To what degree does the client seem determined to carry out his/her plans to their conclusion?

**ENVIRONMENTAL STRESS** – To what degree does the client ‘feel’ that events in his/her life are ‘overwhelming,’ painful, humiliating or are providing insurmountable obstacles?

**FUTURE TIME PERSPECTIVE** – To what extent is the client able to focus on the future or positive future events as opposed to focusing on only the present or negative future events? This item is scored in the opposite direction from the previous PART 2 items. That is, the absence of a positive future time perspective is scored 5.