

- [] Addiction Services Division
[] General Psychiatry Division

Unit: _____ Date of Admission: _____

DEMOGRAPHIC RISK FACTORS (* indicates potential increased risk):**The Patient:**

1. Is *35-64 or *75-85+ years old ☐ No ☐ Yes
2. Is ☐ *Male ☐ Female
3. Is ☐ *White/Caucasian ☐ Black/African American ☐ Hispanic ☐ *American Indian/Native Alaskan
☐ Asian ☐ Native Hawaiian/Other Pacific Islander
4. Is ☐ Married ☐ *Widowed ☐ *Separated or Divorced ☐ Single
5. Is ☐ Working ☐ Retired ☐ *Unemployed

CURRENT SUICIDE RISK ASSESSMENT:

Patient Risk Factors:		No	Yes	Unknown
1	Has current thoughts of either hurting or killing self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Has plan to harm or kill self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is making negative/pessimistic comments about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is making self-deprecating remarks, feeling like a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Speaks of feeling abandoned, hopeless, helpless or despair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Appears anxious, agitated and/or angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Has command hallucinations about self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Has changes in sleep, eating, or motor activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Has an unexplained sudden improvement in mood and/or affect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Has made a previous suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, how/what happened?			
11	Is giving away personal possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Has "ended" relationships, said good-byes, refuses to see family/friends/visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Decrease in enjoyment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Chronic medical illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, what?			
15	Physical pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, where and how severe?			
16	Gay, lesbian, bisexual, transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Significant alcohol and/or drug use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	History of impulsive behaviors and/or poor coping skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	History of TBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Risk Factors:				
1	Firearms at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Has changes in daily routine, not going to groups or to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Increasingly isolated from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

File in date order in the Progress Note Section of the Medical Record

Reassessment of Suicide Risk

Environmental Risk Factors (continued):		No	Yes	Unknown
4	Has suffered a recent loss (<i>death of a love one, relationship, job, social status etc</i>). If yes, who or what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Un-domiciled or transiently domiciled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Financial Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is experiencing the anniversary of a sad life event If yes, what?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Has had an emotional crisis within past 3 months If yes, what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Has a history of family members or friends who committed suicide If yes, who/when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Chaotic living environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Current inpatient; room not close to unit nurses' station and/or in a single room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Protective Factors:				
1	Feels a sense of responsibility to family/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Good pre-morbid functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Has strong cultural or religious beliefs that discourage suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Good problem solving skills/ability to consider options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Protective Factors:				
1	Has supportive and involved family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is involved in meaningful activity/has multiple reasons for living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Has positive relationships with mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Children related responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Pet(s) responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Currently on special observations, specifically for self-harm and/or suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed by:

Signature and Title

Print Name

Date

Time

AM/PM

Reassessment of Suicide Risk**PHYSICIAN ASSESSMENT OF CURRENT SUICIDE RISK:**

In your discussion of severity of suicide risk below, consider the results of the above assessment, as well as demographic factors that are known to increase suicide risk and protective factors that are known to decrease it.

Severity of Current Suicide Risk (*Check one*): ☐ High ☐ Moderate ☐ Low

Immediate Interventions (*Check all that apply*):

☐ Maintain current treatment; no changes indicated, care appropriate

☐ Change in level of observation with rationale:

☐ Every 15 minutes: _____

☐ Continuous: _____

☐ One to One: _____

☐ Removal of potentially dangerous items

☐ Move to a safer room

☐ Contact family and/or conservator

☐ Other intervention(s): _____

Attending Psychiatrist/On-Call MD/DO Signature

Date _____ Time _____ AM/PM

Printed Name _____