

**TEXAS WESLEYAN UNIVERSITY COMMUNITY COUNSELING CENTER**  
**SUICIDE IDEATION QUESTIONS AND CHECKLIST (SIQC)**

Risk Factors (Check List)

Mark those relevant to client

- History of suicide attempts
- Medical severity in previous attempts
- Age (risk increases with age)
- Expression of wish to die (verbal or nonverbal)
- Means, availability, or access to lethal means (guns, pills, knives)
- Suicidal thoughts, ideation, feelings, plan of action
- History of suicide by family members or close friends
- Recent involvement in risky activities
- Drug and Alcohol use and abuse
- Level of depression (1-5)
- Recent loss of a loved one (especially loss of a child or elderly spouse)
- Major psychiatric disorders (other than depression)
- Major recent physical illness, recent accident/crisis, chronic illness
- History of depression or hospitalizations, etc.
- Involved with web sites that promote suicide
- Financial problems
- Legal problems
- Recent or chronic stressors (e.g. loss, separation, illness, life transition)
- Marital status (increased risk with single status)
- Level of social support (increased risk with isolation)
- Sleep patterns (increased risk with too much or too little sleep)
- General level of impulse control
- Volatility of mood
- Physical or sexual abuse in the family
- Sexual orientation (increased risk w/LGBT)

Questions that could be asked

Ask those relevant to client:

**When did you begin feeling this way?**

**Did something happen that made you start feeling this way?**

**How can I best support you right now?**

Are you thinking about suicide?

Do you have a plan? What is it? Do you have access to it?

Where will you do it?

When? (A Schedule)

So you really want to do this? (Intent)

Have you talked to anyone else about it?

Be more specific. (Shows concern)

Thank you for being honest with me and trusting me. (Affirmation - Trust)

Is there anything else you think is important for me to know?

If a parent is there: would you like to speak with me alone? (Must inform the parents though)

Future based questions to negate plans:

Where are you planning on going (Next holiday)

What do you plan on doing tomorrow?

What do you plan on doing next week?

**Action Care Plan:**

No Action Needed

Safety Agreement Plan

Voluntary Hospitalization

Further Evaluation

Medication Evaluation or Physical

Obtain Medical Records

Sent to ER

Additional Supervision

Given numbers for Suicide Prevention

24 Hour Follow Up (Mandatory)

Client Name:

Date of Session:    /    /

Follow Up:        /        /

Frequency of Sessions:

Clients Phone Number: