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: ____________________________