Suicide History and Assessment Form

Name: _____

Date: _____

Counselor: _____

During interview, tell client "What you say is confidential unless you tell me that you will, or are thinking about killing/hurting yourself or someone else. Or that someone is hurting you."

I. Analysis of Suicide Expression

_____A. Are you feeling like/thinking about killing/hurting yourself?

_____B. Have you had these thoughts before? How frequently do you have them:

How long do they last?_____

_____C. Have you ever attempted to kill or hurt yourself?

II. Assessment of Plan

_____A. Do you have a plan? ☐Yes ☐No

_____B. If yes, what is your plan?_____

*Assess lethality of method:
☐Low
☐Medium
☐High

_____C. Do you have access to method?
☐Home
☐Friend
☐In Possession

II. Assessment of Plan (continued)

_____D. Other questions which may be asked:

_____1. Right now, on a scale from 1 to 10, what is the likelihood that you will follow through with your plan to kill yourself?

_____2. When you made statements/wrote note, how strongly did your feel like hurting/killing yourself? (On a scale from 1 to 10.)

_____3. What happened/changed to make you feel differently?

_____4. Do you know anyone who attempted suicide?

III. Assessment of Support Systems

_____A. Have you talked about this with your parent(s)? Do they know how you feel?

_____B. Do you have anyone else with whom you can discuss your concerns (family, relatives, friends)?

IV. Assess Life Stressors/Risk Factors

☐Separation/Divorce	☐Self-Abuse	☐Change Appetite
☐Abuse	☐Parental Problems	☐Sleep Disturbances
☐Drug & Alcohol Use	☐Recent Loss	☐No Support System
☐Poor Grades	☐Health Problems	☐Family Mental Health History
☐Trouble with the Law	☐Behavior Problems in School	

V. Contracting

_____A. Are you willing to sign a contract to promise that you will not hurt or kill yourself?

_____B. Have client sign contract.

VI. Follow-Up

_____A. Develop action plan with client:

_____1. Help client identify support system(s) (e.g., friend, family members, school, clergy).

_____2. Help client develop stress management strategies.

_____B. Place a copy of this suicide assessment form in supervisor's mailbox.

Additional Comments:_____