

Comprehensive Suicide Risk Assessment Sample Template

Based on CPI's Comprehensive Suicide Risk Assessment Module

1. Suicidal Ideation and Behavior - C-SSRS Screening Questions

Q1 – Wish to die: *Have you ever wished you were dead or wished you could go to sleep and not wake up?*

Q2 – Active suicidal ideation: *Have you actually had any thoughts of killing yourself?*

Q3 – Suicidal ideation with method: *Have you been thinking about how you might do this?*

Q4 – Suicidal ideation with intent: *Have you had these thoughts and had some intention of acting on them?*

Q5 – Suicidal ideation with intent and plan: *Have you started to work or worked out the details of how to kill yourself? Do you intend to carry out this plan?*

Q6 – Suicidal behavior: *Have you done anything, started to do anything, or prepared to do anything to end your life?*

- **Suicide attempt:** *A self-injurious act performed with at least some intent to die, regardless of whether actual injury occurred*
- **Interrupted or aborted attempt:** *When individuals take steps to end their life but someone or something stops them before they actually do anything, or the individuals stop themselves*
- **Preparatory behaviors:** *Actions to prepare for taking one's life, such as collecting/buying pills, purchasing a gun, saying goodbye, or writing a will or suicide note.*

Q7 – Suicide attempt: *Have you made a suicide attempt? How many attempts have you ever made? How long ago was your most recent attempt?*

2. Risk & Protective Factors

Distal Risk Factors: longstanding background factors that elevate **chronic** risk of suicide

Non-modifiable:

- | | |
|---|---|
| <input type="checkbox"/> Adolescents/young adults are also at an increased risk | <input type="checkbox"/> Gender and/or Sexual Minority (LGBTQ+) |
| <input type="checkbox"/> Males (4:1 male:female) | <input type="checkbox"/> History of child abuse |
| <input type="checkbox"/> Caucasian & Native American (<i>though all races are increasing</i>) | <input type="checkbox"/> Previous suicide attempts |
| <input type="checkbox"/> Veterans or Active Military | <input type="checkbox"/> Family history of suicide |

Modifiable:

- Psychiatric diagnosis

Proximal Risk Factors: current, acute factors that elevate **imminent** risk

- | | |
|---|--|
| <input type="checkbox"/> Current psychiatric symptoms: aggressive or impulsive behaviors and negative mood states | <input type="checkbox"/> Bullying, victimization, or trauma |
| <input type="checkbox"/> Substance misuse | <input type="checkbox"/> Interpersonal, job, or financial loss |
| <input type="checkbox"/> Recent medical diagnosis | <input type="checkbox"/> Negative life circumstances |
| | <input type="checkbox"/> Access to means |

Warning Signs: might indicate increasing suicide risk

- | | |
|--|--|
| <input type="checkbox"/> Spike in suicidal thoughts | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Planning for a suicide attempt | <input type="checkbox"/> Agitation |
| <input type="checkbox"/> Preparatory behaviors | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Communicating the possibility of not being around | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Increased isolation | |

Protective Factors: may help buffer an individual from suicide risk

Reasons for Living

- | | | |
|---|--|--|
| <input type="checkbox"/> Responsibility to family | <input type="checkbox"/> Children & pets | <input type="checkbox"/> Looking forward to events in the future |
|---|--|--|

Deterrents

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Fear of death | <input type="checkbox"/> Spiritual values | <input type="checkbox"/> Worries about severe injury | <input type="checkbox"/> Fear of consequences |
|--|---|--|---|

Coping Skills



Weighing Risk & Protective Factors: The **strongest risk factors** are those that are most **acute/proximal**

- | | |
|---|---|
| <input type="checkbox"/> Current presentation of suicidal ideation or recent suicidal behavior | <input type="checkbox"/> Recent high-risk precipitants or changes in status |
| <input type="checkbox"/> Current mood state—agitation, mania, psychosis, aggression, mixed mood state | <input type="checkbox"/> Access to lethal m |

3. Risk Determination - Assign a risk level based on the results of the screening, risk assessment, chart or collateral review (if possible), and your clinical judgement.

HIGH RISK:

- | | |
|---|---|
| <input type="checkbox"/> Suicidal ideation with intent and plan, especially if the plan is imminent or lethal | <input type="checkbox"/> Has access or could easily obtain access to lethal means |
| <input type="checkbox"/> Recent suicidal behavior (attempt, interrupted/ aborted attempt, preparatory behavior) | <input type="checkbox"/> Many acute/proximal risk factors and warning signs outweigh protective factors |
| <input type="checkbox"/> Persistent ideation that feels uncontrollable, strong, or intensely fluctuating intent or suicide rehearsal | <input type="checkbox"/> Psychiatric disorders with severe symptoms |
| <input type="checkbox"/> History of prior attempt with lethal method or impulsive attempt with little planning, especially if the circumstances around the prior attempt resemble current or anticipated triggers | <input type="checkbox"/> Recent or anticipated acute precipitating event (such as trauma or loss) |
| | <input type="checkbox"/> Distressing change in situation or treatment |
| | <input type="checkbox"/> Few or no protective factors—particularly a sense of being a burden on others or extreme isolation with little support |

MODERATE RISK:

- | | |
|--|---|
| <input type="checkbox"/> Suicidal ideation with plan but no intent | <input type="checkbox"/> No immediate access to means, but may be able to obtain them |
| <input type="checkbox"/> No recent suicidal behavior | <input type="checkbox"/> Few or weak protective factors |
| <input type="checkbox"/> Multiple risk factors, but more distal/chronic than proximal/acute (suicide attempt in distant past, psychiatric diagnoses, trauma history) | <input type="checkbox"/> More intact problem solving or coping skills |
| <input type="checkbox"/> Can anticipate a possible precipitant in the near future but none imminent | <input type="checkbox"/> Has social supports that may be able to assist in maintaining safety |

LOW RISK:

- | | |
|---|---|
| <input type="checkbox"/> May have thoughts of death or even active suicidal thoughts but with no plan or intent | <input type="checkbox"/> None or minimal acute/proximal risk factors or warning signs |
| <input type="checkbox"/> No recent history of suicidal behavior | <input type="checkbox"/> Strong protective factors, including reason for living |
| <input type="checkbox"/> Risk factors are modifiable or mostly distal/chronic | <input type="checkbox"/> Good social supports |

4. Overall Level of Risk and Rationale

5. Plan to Mitigate Risk Factors

6. Plan to Strengthen Protective Factors

7. Level of Care Determination

- Consider *Level of intent/planning, plan's imminence (plan to act in the near future)* and *Access to lethal means*.
- Some suicidal individuals act with little to no planning- assessment of all risk and protective factors is necessary to help anticipate crises.
- Consider protective factors, like willingness and/or ability to utilize support and engage in actions to remain safe (engage in safety planning, safeguard the home environment) are.
- **Strive for the least restrictive level of care that keeps the patient safe.**

