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 you 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).

B. Place a copy of this suicide assessment form in supervisor’s mailbox.

Additional Comments: _____________________________________________________________
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