

Erickson Counseling & Mediation PLLC

11107 McCracken Circle #A Cypress, TX 77429

EricksonCounseling.com

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Checklist of Suicide Risk Factors

Client: _____ Date: _____

The following ratings are based on my:

- Review of records (specify): _____
- Interview with staff, friends, relatives (circle and name): _____
- Observations of this individual over the last interview day week month
- Other (specify): _____

Demographic risk factors

- European American or Native American Male
- Lowest socioeconomic class Protestant
- Suicidal partner Never-married or widowed status
- Divorced status (especially repeated divorce or divorce in last 6 months)
- Age: Young adult (15–24) or very elderly (75–85 or older)
- Medical, dental, or mental health professional, lawyer, etc.

Historical risk factors

- A relative or close friend who died by suicide Criminal behaviors
- Checking off “suicide” on intake form or other assessments Self-mutilating behaviors
- Substance abuse or dependence History of abuse (physical, sexual, of long duration, etc.)
- Suicidal behaviors: Multiple threats/attempts of high lethality high violence high pain
 Clearly intended death Secretive attempts Anniversary attempts
- Other risk factors: Chronic psychiatric problems Frequent accidents
- _____

Recent specific risk factors

Check applicable boxes and enter a code for time period at the “T: _____” as follows: 24 = within last 24 hours, ds = last few days, w = last 7 days or week, m = last 30 days or month, ms = last few or 2–4 months, y = last 12 months or year.

- Had passive death wishes T: _____ Experienced fleeting ideation T: _____
 - Experienced persistent ideation T: _____ Made threats T: _____
 - Made gestures T: _____ Engaged in actions, rehearsals T: _____
 - Made suicide plans that involve a highly lethal method and a time without interruption T: _____
 - Made an attempt of high medium low lethality with high medium low potential for res- cue
T: _____
 - Seen recent/relevant media reports T: _____
-

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Checklist of Suicide Risk Factors (p. 2 of 2)

- Talked with therapist or other staff about suicide intentions/plans T: ____
- Made a clear statement of intent to others T: ____
- Written a suicide note T: ____
- Described a practical/available method or plan T: ____
- Given away an important personal possessions T: ____
- Made a will T: ____
- Made funeral arrangements T: ____
- Established access to means/methods T: ____
- Other (specify): _____

Current psychological risk factors (circle a number)

- | | | | | | | | |
|---|--------------------|---|---|---|---|---|---------------------|
| <input type="checkbox"/> Hopelessness | Absolutely hopeful | 1 | 2 | 3 | 4 | 5 | Absolutely hopeless |
| <input type="checkbox"/> Psychological pain | Little | 1 | 2 | 3 | 4 | 5 | Intolerable |
| <input type="checkbox"/> Vegetative symptoms (sleep disturbances, restlessness) | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> Agitation, irritability, rages, violence | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> Significant stressors (major or irrevocable losses, failures) | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> Social support system (nearby friends, therapist, spouse/partner) | Strong | 1 | 2 | 3 | 4 | 5 | Weak |
| <input type="checkbox"/> Cognitive rigidity, poor problem-solving ability | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> Actively involved in treatment, progressing | Yes | 1 | 2 | 3 | 4 | 5 | No |
| <input type="checkbox"/> Physical illness | Well | 1 | 2 | 3 | 4 | 5 | Sick |
| <input type="checkbox"/> Self-regard | Extremely positive | 1 | 2 | 3 | 4 | 5 | Extremely negative |
| <input type="checkbox"/> Impulsivity (low self-control, distractibility) | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> Depression (blunted emotions, anhedonia, isolation) | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> Cognitive disorganization (organic brain syndrome, psychosis, intoxication) | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> Other factors (homicidal intent, few/weak deterrents, motivated by revenge): _____ | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> _____ | Low | 1 | 2 | 3 | 4 | 5 | High |
| <input type="checkbox"/> _____ | Low | 1 | 2 | 3 | 4 | 5 | High |

Additional information on the items checked can be found in/at: _____

Additional factors for a child or adolescent

- Gender: Female (more likely to attempt) Male (more likely to succeed)
- Age above 15 Rural resident Strained family relationships
- Other stressors (legal difficulties, unwanted pregnancy, change of school, birth of a sibling, etc.)

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.