



Ask **Suicide Screening** Questions

Suicide Screening Questions for the Emergency Department

1. In the past few weeks, have you wished you were dead?

- Yes No No response

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?

- Yes No No response

3. In the past week, have you been having thoughts about killing yourself?

- Yes No No response

4. Have you ever tried to kill yourself?

- Yes No No response

If yes, how?

When?

Patient Name: _____ Date: _____

Medical Record #: _____
(or Patient Label)

Suicide Risk Assessment Summary Sheet

Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the Risk assessment.

	<i>Risk present, but lower</i>	<i>Medium Risk</i>	<i>Higher Risk</i>
1. Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	<input type="checkbox"/> Vague. <input type="checkbox"/> Means not available. <input type="checkbox"/> No specific time. <input type="checkbox"/> Pills, slash wrists. <input type="checkbox"/> Others present most of the time.	<input type="checkbox"/> Some specifics. <input type="checkbox"/> Has means close by. <input type="checkbox"/> Within a few days or hours. <input type="checkbox"/> Drugs/alcohol, car wreck <input type="checkbox"/> Others available if called upon.	<input type="checkbox"/> Well thought out. <input type="checkbox"/> Has means in hand. <input type="checkbox"/> Immediately. <input type="checkbox"/> Gun, hanging, jumping. <input type="checkbox"/> No one nearby; isolated.
2. Pain	<input type="checkbox"/> Pain is bearable. <input type="checkbox"/> Wants pain to stop, but not desperate. <input type="checkbox"/> Identifies ways to stop the pain.	<input type="checkbox"/> Pain is almost unbearable. <input type="checkbox"/> Becoming desperate for relief. <input type="checkbox"/> Limited ways to cope with pain.	<input type="checkbox"/> Pain is unbearable. <input type="checkbox"/> Desperate for relief from pain. <input type="checkbox"/> Will do anything to stop the pain.
3. Resources	<input type="checkbox"/> Help available; student acknowledges that significant others are concerned and available to help.	<input type="checkbox"/> Family and friends available, but are not perceived by the student to be willing to help.	<input type="checkbox"/> Family and friends are not available and/or are hostile, injurious, exhausted
4. Prior Suicidal Behavior of... A. Self B. Significant Others	<input type="checkbox"/> No prior suicidal behavior. <input type="checkbox"/> No significant others have engaged in suicidal behavior.	<input type="checkbox"/> One previous low lethality attempt; history of threats. <input type="checkbox"/> Significant others have recently attempted suicidal behavior.	<input type="checkbox"/> One of high lethality, or multiple attempts of moderate lethality. <input type="checkbox"/> Significant others have recently committed suicide.
5. Mental Health A. Coping behaviors B. Depression C. Medical status D. Other Psychopathology	<input type="checkbox"/> History of mental illness, but not currently considered mentally ill. <input type="checkbox"/> Daily activities continue as usual with little change. <input type="checkbox"/> Mild; feels slightly down. <input type="checkbox"/> No significant medical problems. <input type="checkbox"/> Stable relationships, personality, and school performance.	<input type="checkbox"/> Mentally ill, but currently receiving treatment. <input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork. <input type="checkbox"/> Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy. <input type="checkbox"/> Acute, but short-term, or psychosomatic illness. <input type="checkbox"/> Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality.	<input type="checkbox"/> Mentally ill and not currently receiving treatment. <input type="checkbox"/> Gross disturbances in daily functioning. <input type="checkbox"/> Overwhelmed with hopelessness, sadness, and feelings of helplessness. <input type="checkbox"/> Chronic debilitating, or acute catastrophic, illness. <input type="checkbox"/> Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher.
6. Stress	<input type="checkbox"/> No significant stress.	<input type="checkbox"/> Moderate reaction to loss and environmental changes.	<input type="checkbox"/> Severe reaction to loss or environmental changes.
Total Checks			