[Insert organisation name/logo]

# SUICIDE RISK SCREENER TEMPLATE

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| **Client name** |  | **Client ID** |  |
| **Screen completed by** |  | | |
| **Date** |  | **Time: .am/pm** | |

**I need to ask you a few questions on how you have been feeling, is that ok?**

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| **1. In the past 4 weeks did you feel so sad that nothing could cheer you up?**  □All of the time □Some of the time  □Most of the time □A little of the time □None of the time |
| **2. In the past 4 weeks, how often did you feel no hope for the future?**  □All of the time □Some of the time  □Most of the time □A little of the time □None of the time |
| **3. In the past 4 weeks, how often did you feel intense shame or guilt?**  □All of the time □Some of the time  □Most of the time □A little of the time □None of the time |
| **4. In the past 4 weeks, how often did you feel worthless?**  □All of the time □Some of the time  □Most of the time □A little of the time □None of the time |
| **5. Have you ever tried to kill yourself?**   |  |  | | --- | --- | | **Yes\*** | **No** |   **If Yes,**   1. How many times have you tried to kill yourself? □ Once □Twice □3 + 2. How long ago was the last attempt? \_\_\_\_\_\_\_\_\_\_\_\_\_\_   Please mark □ In the last 2 months □ 2-6 months ago □ 6-12 months ago  □ 1-2 years ago □More than 2 years ago   1. Have things changed since? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. Have you gone through any upsetting events recently?**  **(tick all that apply**)   |  |  | | --- | --- | | **Yes\*** | **No** |   □ Family breakdown □ Relationship problem □ Impending legal prosecution  □Trauma □ Chronic pain/illness □Loss of loved one  □Child custody issues □ Conflict relating to sexual identity  □ Other (specify below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  |  | | --- | --- | | **Yes\*** | **No** |   **7. Have things been so bad lately that you have thought about killing yourself?**  **If No, skip to question number 10.**  **If Yes, please complete below**  a. How often do you have thoughts of suicide? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  b. How long have you been having these thoughts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. How intense are these thoughts when they are most severe?  □Very intense □Intense □Somewhat intense □Not at all intense  d. How intense are these thoughts in the last week?  □Very intense □Intense □Somewhat intense □Not at all intense |
| |  |  | | --- | --- | | **Yes\*** | **No** | | **Yes\*** | **No** | | **Yes\*** | **No** |   **8. Do you have a current plan for how you would attempt suicide?**  **If Yes, please complete below**  a. What method would you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Access to means?)  b. Where would this occur?\_\_\_\_\_\_\_\_\_(Have all necessary preparations been made?)  c. How likely are you to act on this plan in the near future?  □ Very likely □ Likely □ Unlikely □ Very unlikely |
| **9. What has stopped you acting on these suicidal thoughts?** |
| |  |  | | --- | --- | | **Yes\*** | **No** |   **10. Do you have any friends/family members you can confide in if you have a serious problem?**   1. Who is/are this/these person/people? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. How often are you in contact with this/these person/people? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   □ Daily □ A few days a week □ Weekly □ Monthly □ Less than once a month |
| **11. What has helped you through difficult times in the past?** |

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| **Client presentation/statements (tick all that apply)**  □ Agitated □Disorientated/confused □Delusional/ hallucinating  □Intoxicated □ Self-harm □ Other: \_\_\_\_\_\_\_\_\_  **NOTE**: If client presents as any of the above and is expressing thoughts of suicide, risk level is automatically HIGH |

**Yes\*** = Indicates high risk answer

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| **Workers rated risk level** | **□ Low** | **□ Moderate** | **□ High** |

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| **Level of risk** | **Suggested response** |
| **Low**   * No plans or intent * No prior attempt/s * Few risk factors * Identifiable ‘protective’ factors | * Monitor and review risk frequently * Identify potential supports/contacts and provide contact details * Consult with a colleague or supervisor for guidance and support * Refer client to safety plan and keep safe strategies should they start to feel suicidal. |
| **Moderate**   * Suicidal thoughts of limited frequency, intensity and duration * No plans or intent * Some risk factors present * Some ‘protective’ factors | * Request permission to organise a specialist mental health service assessment as soon as possible * Refer client to safety plan and keep safe strategies as above * Consult with a colleague or supervisor for guidance and support * Remove means where possible * Review daily |
| **High\*:**   * Frequent, intense, enduring suicidal thoughts * Clear intent, specific/well thought out plans * Prior attempt/s * Many risk factors * Few/no ‘protective’ factors   \*or highly changeable | * If the client has an immediate intention to act, contact the mental health crisis team immediately and ensure that the client is not left alone * Remove means where possible * Call an ambulance/police if the client will not accept a specialist assessment, or the crisis team is not available * Consult with a colleague or supervisor for guidance and support |

Reference:

Suicide Assessment Kit (SAK). Deady, M., Ross, J. & Darke, S. (2011) Sydney, National Drug and Alcohol Research Centre (NDARC).