[Insert organisation name/logo]

# SUICIDE RISK SCREENER

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

Please refer to the Suicide risk screener instructions in the resource[Suicide Assessment Kit (SAK)](https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Suicide%20Assessment%20Kit%20updated.pdf) for information on how to conduct this screener.   
  
**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  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 sexuality  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/carers/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 strategies to keep safe 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 strategies to keep safe 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)*](https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Suicide%20Assessment%20Kit%20updated.pdf)