Weigel Counseling Associates

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Suicide Risk Assessment

Name: _____ Date: _____

Part One: Risk Factors. Please check all that apply.

___Sad or depressed, feel hopeless
___Social withdrawal or isolation
___Loss of interest in activities
___Increased risk taking
___Out of character behavior
___Giving away possessions
___Drug and/or alcohol use
___Loss of an important person/relationship
___Family problems
___Sexual identity issues
___Limited support system
___Legal problems
___History of abuse
___Family history of suicide
___Friend has attempted/committed suicide
___Talking, reading, or writing about death
___Access to a means to harm self
___Cutting or other self-harm
___ Creation of a suicide note
___Previous suicide attempts
___Suicide plan

Part Two: Questions. Please check yes or no. The time frame is within the past month.

Question	Yes	No
1. Have you wished you were dead or wished you could go to sleep and not wake up?		
2. Have you had any thoughts of killing yourself?		
**If you answered no to question 2, please skip to question 6*		
3. Have you been thinking about how you might kill yourself?		
4. Have you had these thoughts and had some intention of acting on them?		
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?		