

Resident's Name: _____ Age: _____ Date: _____

Program Name: _____ Staff: _____

Suicide Assessment Checklist

- 1) Overwhelming Stress
(Loss, Change in living situation, Medical crisis, etc.)
Describe:

- 2) Previous Suicide Attempts
(Check Admission Day Note, Resident File, and Resident Account)

- 3) Family history of suicide attempts
(Check Admission Day Note, Resident File, and Resident Account)

- 4) Sudden changes in behavior
(Withdrawal, Acting out)
Describe:

- 5) Resident has been talking about suicide

- 6) Serious substance abuse
Describe:

- 7) Final arrangements – Resident begins giving away possessions
Describe:

- 8) Formulation of a specific plan:
Describe:

- 9) Resource available (Pills, knives, weapons, etc.)
Describe:

If several of the “*” items are true it is most likely a high risk situation. Staff should follow the procedures explained on the Community Attention Home Suicide Prevention Procedures located in the Emergencies Manual. Sight supervision should be maintained until an assessment of the actual suicide risk has been completed.