

# Suicide Risk Screener

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

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

Client:

Screen completed by:

Date:

**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**

Worker rated risk level:

Low

Moderate

High

Level of risk	Suggested response
<p>Low:</p> <ul style="list-style-type: none"> <li>No plans or intent</li> <li>No prior attempt/s</li> <li>Few risk factors</li> <li>Identifiable 'protective' factors</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and review risk frequently</li> <li>Identify potential supports/contacts and provide contact details</li> <li>Consult with a colleague or supervisor for guidance and support</li> <li>Refer client to safety plan and keep safe strategies should they start to feel suicidal.</li> </ul>
<p>Moderate:</p> <ul style="list-style-type: none"> <li>Suicidal thoughts of limited frequency, intensity and duration</li> <li>No plans or intent</li> <li>Some risk factors present</li> <li>Some 'protective' factors</li> </ul>	<ul style="list-style-type: none"> <li>Request permission to organise a specialist mental health service assessment as soon as possible</li> <li>Refer client to safety plan and keep safe strategies as above</li> <li>Consult with a colleague or supervisor for guidance and support</li> <li>Remove means where possible</li> <li>Review daily</li> </ul>
<p>High*:</p> <ul style="list-style-type: none"> <li>Frequent, intense, enduring suicidal thoughts</li> <li>Clear intent, specific/well thought out plans</li> <li>Prior attempt/s</li> <li>Many risk factors</li> <li>Few/no 'protective' factors</li> </ul> <p>*or highly changeable</p>	<ul style="list-style-type: none"> <li>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</li> <li>Remove means where possible</li> <li>Call an ambulance/police if the client will not accept a specialist assessment, or the crisis team is not available</li> <li>Consult with a colleague or supervisor for guidance and support</li> </ul>