



Suicide Risk Assessment

Client Details			
Name		Admin No.	
Birthday		Phone	
Emergency Contact		Emergency Contact Phone	

Ideation – read each question and write the number that corresponds with your experience in the last column.					
In the past 48 hours, how often has suicidal ideation occurred?					
1.	2.	3.	4.	5.	Your Number
None at all	Very little	A few times each day	Multiple times throughout the day & night	It feels like non-stop. I can't think of anything else	
In the past month, how often has suicidal ideation occurred?					
1.	2.	3.	4.	5.	Your Number
None at all	Very little	A few times each day	Multiple times throughout the day & night	It feels like non-stop. I can't think of anything else	
When you have suicidal thoughts, how intense do they feel?					
1.	2.	3.	4.	5.	Your Number
Not intense at all. Easy to manage	Upsetting but I'm ok	Moderate intensity	Very intense	So intense it scares me. The worst possible	
When you have suicidal thoughts or feelings, how long do they last?					
1.	2.	3.	4.	5.	Your Number
Not long at all. It's a quick thought	Short, maybe a few minutes	More than half an hour	Hours	Most of the day or all day	

Plan – Describe in detail any plan you may have.	
Timing or Date	
Location	
Lethality	
Availability or access of needed items	
Any steps taken in preparation	

Behaviours – Describe acts or behaviours that have occurred recently or around your most recent ideation.

Aborted attempts	
Rehearsals	
Self-harm	

Previous Attempts or Significant Concerns

Date	Context Life events, psychiatric conditions	Details Means, plans, impulse	Outcome Rescue, hospital, therapy

Practitioner Analysis

Intent – to what extent does the client/patient

Expect to carry out the plan		
Believe the plan/method is lethal		
Express ambivalence	Reasons to Die	Reasons to Live

Risk & Protective Factors	Suicidality	Possible Interventions	Risk Level
Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behaviour	Outpatient treatment, safety plan, crisis numbers	Low
Multiple risk factors, few protective factors	Suicidal ideation with plan but no intent or behaviours	Possible admission, crisis plan, symptom reduction therapy	Moderate
Psychiatric diagnosis with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or rehearsal	Hospitalization, all other suicidal interventions	High
Client Risk Level			

Using the Suicide Risk Assessment

**** Suicidal risk should be assessed and monitored by a professional. If you are concerned for someone in your life and you are not a professional or this feels out of your scope of practice, refer to a professional immediately.**

- This worksheet should only be used when a client indicates suicidal ideation. It can be used as an initial assessment or follow up assessment to regularly monitor risk.
- No assessment should be used unless informed consent is obtained. Especially in the case of suicidal risk, the ethical mandate to report is one with which the practitioner must be familiar. The client must know the limitations of confidentiality prior to assessment.
- The practitioner has a responsibility to maintain or ethically transfer care in all circumstances.
- Safety plans should be client specific, discussed, written out, and made easily accessible.
 - Include escalating methods of safety such as first talking with a safe person in the client's life. If that person is unavailable, their next step is...
 - Always include 24-hour emergency numbers or suicide hotlines
 - Ensure that friends and family members who are part of the client's safety plan are safe and understanding. Be aware of availability of everyone on the plan.
 - Keep a copy of the client's safety plan in your file. Update regularly along with risk assessment.
- In the event that the client needs hospitalization or any form of collaboration, the practitioner should follow ethical codes in respecting confidentiality while prioritizing safety. Discuss the plan to report or hospitalize with the client as much as possible.
- Follow up in all circumstances including hospitalization.