

Military Family Member Version C-SSRS Suicide Risk Assessment

	<u>Yes</u>	<u>No</u>
<p>1. Legal Troubles <i>Are you, or is anyone in the family, facing any legal troubles (military or civilian)?</i></p> <p><i>If yes, how have these circumstances impacted you/your family?</i></p>		
<p>2. Financial Troubles <i>Are you or your immediate family members experiencing any financial troubles?</i></p> <p><i>Do these concerns feel overwhelming or unmanageable?</i></p> <p><i>Sometimes a person can feel that others close to them (e.g., family) would be better off financially if the person were no longer alive. Have you or anyone in the family experienced this?</i></p> <p><i>Is this financial stress or hardship the worst crisis you, or your family, have ever experienced?</i></p>		
<p>3. State of Service (Deployment Cycle) Service Member is:</p> <p><input type="checkbox"/> deployed</p> <p><input type="checkbox"/> predeployment (within 3 months)</p> <p><input type="checkbox"/> postdeployment (within 3 months)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> # of deployments</p> <p><i>Are the thoughts/behaviors we talked about related to SM's deployment?</i></p>		
<p>4. Marital, Relationship, or Family Stress <i>Are you having marital, relationship, or family stress or problems?</i></p> <p>*Ask about domestic violence</p>		
<p>5. Drug or Alcohol Use <i>Do you, or does anyone in the family, use drugs or alcohol?</i></p> <p><i>Do you, or does anyone in the family, have a history of drug or alcohol abuse?</i></p> <p>Additional Information:</p>		
<p>6. Pain <i>Are you, or is anyone in the family, experiencing pain – chronic or intermittent?</i></p> <p>Additional Information:</p>		