Suicide Risk Assessment Models

Basic Model

1. How is life going? How have things been going lately?
2. How are things at home? How are things at work or school?
3. How have you been getting along with others (family and friends)?
4. How has your mood been?
5. Tell me about your alcohol and other drugs use.
6. Have things been going so badly that you think it will never get any better?
7. In the past week, including today, have you felt like life is not worth living?
8. In the past week, including today, have you wanted to kill yourself?
9. Have you done anything to prepare for your death? Have you practiced how you might do it, or gotten things ready to kill yourself?
10. Have you ever tried to kill yourself before? How many times?
11. Do you know anyone who has killed themselves or tried to kill themselves? Who?
12. What keeps you alive right now? What are your reasons for living?
13. Who can you talk with when you are feeling down or suicidal? Is it helpful?

Expanded Clinical Model

1. Have you been having thoughts or images of suicide?
2. Do you think about wanting to be dead?
3. Thwarted Belongingness

*Do you feel connected to other people?*

*Do you have someone you can talk to when you are feeling bad?*

1. Perceived Burdensomeness

*Sometimes people think, “the people in my life would be better off if I were gone.” Do you ever think that?*

1. When you have these thoughts, how long do they last (duration)?
2. How strong is your intent to kill yourself (0 = not intense at all; 10 = very intense)?
3. Past suicidal behavior:

*Have you attempted suicide in the past?*

*How many times?*

*Methods used?*

*What happened (e.g., hospitalization)?*

*Feelings about past attempts?*

*Non-suicidal self-injury?*

*Family history of suicide?*

1. Do you have a **specific plan** of how you would kill yourself?
	* Look for vividness and detail
2. Means and opportunity:

*Do you have the pills (gun, etc.)?*

*Do you think you’ll have the opportunity to do this?*

1. Have you made preparations for a suicide attempt (e.g., buying gun)?
2. Do you know when you expect to use your plan?
3. Fearlessness:

*Thinking about suicide, do you feel afraid (0 = very afraid; 10 = not at all afraid)?*

1. Precipitant stressors:

*Has anything especially stressful happened to you recently?*

1. Do you feel **hopeless**?
2. Impulsivity:

*When you’re feeling bad, how do you cope?*

*Sometimes when people feel bad they do impulsive things to help them feel better. Has this ever happened to you?*

1. Presence of psychopathology
	* As indicated by psychiatric assessment