Beck's Suicide Intent Scale

Patient's full name: _____ Date assessed: _____

Scale

	Statements	Rating
Isolation	 0. Somebody present 1. Somebody nearby, or in visual or vocal contact 2. No one nearby or in visual or vocal contact 	□ 0 □ 1 □ 2
Timing	 0. Intervention is probable 1. Intervention is not likely 2. Intervention in highly unlikely 	□ 0 □ 1 □ 2
Precautions against discovery/interv ention	 0. No precautions 1. Passive precautions (avoiding others but doing nothing to prevent intervention; alone in room with unlocked door) 2. Active precautions (locked door) 	 0 1 2
Acting to Get Help During/After Attempt	 0. Notified potential helper regarding attempt 1. Contacted but did not specifically notify potential helper regarding attempt 2. Did not contact or notify potential helper 	□ 0 □ 1
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Final Acts in Anticipation of Death (e.g., will, gifts, insurance)	 None Thought about or made come arrangements Made definite plans or completed arrangements 	□ 0 □ 1 □ 2
Active Preparation for Attempt	0. None1. Minimal to moderate2. Extensive	 0 1 2
Suicide Note	 0. Absence of note 1. Note written, but torn up; note thought about 2. Presence of note 	 0 1 2
Overt Communication of Intent Before the Attempt	0. None1. Equivocal communication2. Unequivocal communication	 0 1 2
Alleged Purpose of Attempt	 0. To manipulate environment, get attention, revenge 1. Components of "0" and "2" 2. To escape, surcease, solve problems 	 0 1 2
Expectations of Fatality	 0. Thought that death was unlikely 1. Thought that death was possible but not probable 2. Thought that death was probable or certain 	□ 0 □ 1 □ 2
Conception of Method's Lethality	 Did less to self than he thought would be lethal Wasn't sure if what he did would be lethal Equaled or exceeded what he thought would be lethal 	 0 1 2

Seriousness of Attempt	 Did not seriously attempt to end life Uncertain about seriousness to end life Seriously attempted to end life 	 0 1 2
Attitude Toward Living/Dying	 0. Did not want to die 1. Components of "0" and "2" 2. Wanted to die 	 0 1 2
Conception of Medical Rescuability	 0. Thought that death would be unlikely if he received medical attention 1. Was uncertain whether death could be averted by medical attention 2. Was certain of death even if he received medical attention 	 0 1 2
Degree of Premeditation	 0. None; Impulsive 1. Suicide contemplated for three hours or less prior to attempt 2. Suicide contemplated for more than three hours prior to attempt 	 0 1 2
Reaction to Attempt	 0. Sorry about attempt; feels foolish, ashamed (circle which one) 1. Accepts both attempt and its failure 2. Regrets failure of attempt 	□ 0 □ 1 □ 2
Visualization of Death	 Life-after-death, reunion with decedents Never-ending sleep, darkness, end-of-things No conceptions of, or thoughts about death 	□ 0 □ 1 □ 2
Number of Previous Attempts	0. None1. One or two2. Three or more	 0 1 2

Relationship between Alcohol Intake and Attempt	 0. Some alcohol intake prior to but not related to attempt, reportedly not enough to impair judgment, reality testing 1. Enough alcohol intake to impair judgment, reality testing and diminish responsibility/impulse control 2. Intentional intake of alcohol in order to facilitate implementation of suicide attempt 	 0 1 2
Relationship between Drug Intake and Attempt (narcotics, hallucinogens, etc. drug is not the method used to suicide)	 0. Some drug intake prior to but not related to attempt, reportedly not enough to impair judgment, reality testing 1. Enough drug intake to impair judgment, identity testing and diminish responsibility/impulse control 2. Intentional drug intake in order to facilitate implementation of suicide attempt 	 0 1 2

Scoring and Recommendations

0 to 10 = Low Risk

• Recommended action: send home with advice to see Community Mental Health Team or GP.

11 to 19 = Medium Risk

- Recommended action: having them undergo an assessment by Community Mental Health Team or Psychiatrist is advisable.
- If they refuse treatment, a follow-up with a Community Mental Health Team should be arranged.
- Admission is an option if the patient lives alone, has attempted suicide before, and/or is depressed.

20 to 30 = High Risk

- Recommended action: Immediate assessment by Psychiatrist or Community Mental Health Team.
- Psychiatric admission is also recommended.
- Involuntary admissions might be required, depending on how serious their intent is.)

Signature: _____

Date signed: _____