

# Positive and Negative Suicide Ideation Assessment

## Patient Information

Name:

Age:

Gender:

Date of Assessment:

Current Mental Health Diagnosis (if applicable):

## Assessment of Positive Suicide Ideation:

1. Have you had any thoughts or fantasies of suicide that arise as a means of seeking relief, escape, or an end to psychological pain?

2. If yes, please describe the nature and frequency of these thoughts.

3. What specific circumstances or triggers tend to prompt these thoughts?

4. How do you perceive these thoughts? Do you view them as a potential solution or a way to cope with your distress?

5. Are there any perceived benefits or relief associated with these thoughts?

**Assessment of Negative Suicide Ideation:**

1. Have you had thoughts of suicide stemming from feelings of hopelessness, despair, or a belief that life has become unbearable?

2. If yes, please describe the nature and intensity of these thoughts.

3. Can you identify any specific factors or events that contribute to these thoughts?

4. How do you perceive the potential outcomes of acting on these thoughts? Do you see suicide as the only option?

5. Have you formulated any specific plans or taken any steps toward self-harm or suicide?

**Risk Assessment:**

1. Have you made any suicide attempts in the past?

2. Are you currently experiencing significant life stressors or changes?

3. Do you have access to lethal means or substances that could be harmful?

4. What is your social support system like? Are there people you can reach out to for help?

5. Are you currently receiving mental health treatment or therapy?

**Safety Plan and Intervention:**

1. Have you developed a safety plan or discussed coping strategies with a mental health professional?

2. What steps can you take when experiencing suicidal thoughts to keep yourself safe?

3. Are there trusted individuals you can notify if you feel your safety is at risk?

4. Have you identified any local crisis helplines or emergency resources that you can contact in case of a crisis?

5. Are you willing to engage in ongoing treatment and support to address your suicidal ideation?