

# Suicide Prevention Worksheet

Name:

Date of Birth:

Date of Assessment:

## Part I: Assessment of Risk Factors:

1. List any recent events or stressors that may have contributed to increased distress or feelings of hopelessness.

2. Have there been any previous suicide attempts? If so, provide details including dates, methods, and circumstances.

3. Is there a family history of suicide or mental illness? If yes, describe the familial relationships and conditions.

4. List any psychiatric diagnoses or past mental health treatments. Include current medications and therapy history.

5. Document any history of substance abuse or dependence, including alcohol, drugs, or prescription medications.

## **Part II: Exploring Coping Strategies:**

### **Identify Healthy Coping Mechanisms:**

Exercise:

Creative Expression:

Mindfulness:

## **Part III: Identify Warning Signs:**

1. List warning signs or triggers indicating increased risk of suicidal ideation or self-harm.

2. Identify five trusted individuals who can provide support during times of crisis. Include family members, friends, therapists, and crisis hotlines.

1.
2.
3.
4.
5.

**Follow-Up Sessions:**

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