

Suicide Risk Assessment Questions & Example

Name (Optional):

Age:

Date of birth:

Gender:

Contact information:

General Instructions:

1. Approach the person with respect, empathy, and a non-judgmental attitude.
2. Start the conversation in a private and quiet environment where they feel safe to express themselves.
3. Be direct with your questions, do not avoid the subject of suicide.
4. Listen carefully and validate the person's feelings and experiences.
5. Do not promise to keep their suicidal thoughts a secret. It's essential to involve professionals who can provide help.
6. If the person is at immediate risk of self-harm or suicide, do not leave them alone. Contact emergency services immediately.
7. Always follow your organization's protocols for suicide risk assessment and reporting.
8. Ensure to provide resources for immediate help, such as crisis hotlines, local mental health professionals, or emergency services.

| No | Questions | Response |
|----|---|----------|
| 1 | Have you felt hopeless about the present or future? | |
| 2 | Have you been persistently sad or down? | |
| 3 | Have you considered ending your life? | |
| 4 | Have you thought about a specific suicide plan? | |
| 5 | Do you have access to the means to carry out this plan? | |

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| 6 | Have you thought about when you would carry out this plan? | |
| 7 | Have you ever attempted suicide before? | |
| 8 | Have you ever written a suicide note or made final arrangements? | |
| 9 | Do you often think about death or dying? | |
| 10 | Do you feel like you're a burden to others? | |
| 11 | Have you been withdrawing from social activities or relationships? | |
| 12 | Have you been experiencing intense loneliness or isolation? | |
| 13 | Have you felt intolerable emotional pain? | |
| 14 | Have you been feeling trapped or in unbearable situations? | |
| 15 | Have you been experiencing a loss of interest in most activities? | |
| 16 | Have you been having trouble sleeping, eating, or caring for yourself? | |
| 17 | Have you been feeling anxious, agitated, or on edge? | |
| 18 | Have you been feeling a loss of control over your life? | |
| 19 | Have you been experiencing impulsivity or engaging in risky behavior? | |
| 20 | Have you noticed any dramatic mood changes? | |
| 21 | Has there been a recent traumatic event or significant loss in your life? | |
| 22 | Is there a history of suicide or mental illness in your family? | |
| 23 | Have you been having feelings of worthlessness or guilt? | |
| 24 | Have you been using alcohol or drugs more than usual? | |
| 25 | Are you feeling relieved or at peace with the idea of dying? | |
| 26 | Do you feel like there's no solution to your problems? | |

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| 27 | Have you been feeling disconnected from reality? | |
| 28 | Are you experiencing frequent or severe headaches, stomachaches, or physical pain? | |
| 29 | Have you been neglecting your appearance? | |
| 30 | Have you been having difficulty concentrating or making decisions? | |
| 31 | Have you been feeling frustrated with your inability to handle problems or stress? | |
| 32 | Have you been feeling humiliated or excessively embarrassed recently? | |
| 33 | Have you lost interest in things you used to enjoy? | |
| 34 | Do you have a legal or disciplinary problem that has been causing stress? | |
| 35 | Have you been having fantasies about death or suicide? | |
| 36 | Do you feel like your situation is not going to improve? | |
| 37 | Have you been feeling rage or extreme anger? | |
| 38 | Have you been acting recklessly or engaging in dangerous activities? | |
| 39 | Have you experienced any significant changes in your life recently? | |
| 40 | Have you been feeling excessively worried about your health? | |