

## SUICIDE/HOMICIDE RISK ASSESSMENT TOOL

INSTRUCTIONS: Complete the following questions to assess the patient's risk of harm to self.

Client Name : \_\_\_\_\_ Date : \_\_\_\_\_

### QUESTIONNAIRE:

1. Have you ever felt depressed for several days at a time? \_\_\_\_\_ yes \_\_\_\_\_ no
2. During this time, have you ever had thoughts of killing yourself? \_\_\_\_\_ yes \_\_\_\_\_ no
3. When did these thoughts occur?
4. What did you think of doing to yourself?
5. Did you act on your thoughts?
6. How often have these thoughts occurred?
7. When was the last time you had these thoughts?
8. Have your thoughts ever included harming someone else in addition to yourself?
9. How often has that occurred?
10. What have you thought about doing to the other person?

11. What would be the outcome or benefit of this act toward this other person?
12. When does this thought occur?
13. Recently, what specifically have you thought about doing to yourself?
14. Have you taken any steps towards acquiring a gun, pills, and so forth?
15. Have you thought about when you would do this?
16. Have you thought about where you would do this?
17. Have you thought about what effect your death would have on your family and friends?
18. What are some of the reasons that have kept you from acting on them so far?
19. What are your feelings about religion, suicide, spirituality, and/or God?
20. What are your thoughts about your responsibilities for your family and/or children if you kill yourself?
21. What are your thoughts about other reasons for living and staying alive?
22. What help could make it easier for you to cope with your current thoughts and plans? I do not have thoughts of suicide but when I feel down about a situation I talk with family, play my sport, or pray.
23. Have you made any plans for your possessions or to communicate with people after your death such as a note or a will?

24. How does talking about this make you feel?

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_