

**Department of Mental Health  
Inpatient Enhanced Clinical Review  
Suicide Risk Assessment**

<b>Recent Suicidal Ideation Content</b> <i>(Select all that apply) Recent – describe worst level within the last month. Any differences with now or with lifetime history are described in comments.</i>	
<input type="checkbox"/> None <input type="checkbox"/> Active Ideation with Method <input type="checkbox"/> Active Ideation with Plan	<input type="checkbox"/> Wish to be Dead <input type="checkbox"/> Nonspecific Suicide Thought(s)
Recent Suicidal Ideation Comments:	

<b>Recent Suicidal Ideation Apparent Reason</b> <i>(Select all that apply) Recent – describe worst level within the last month. Any differences with now or with lifetime history are described in comments</i>	
<input type="checkbox"/> None <input type="checkbox"/> For Attention, Revenge, Reaction	<input type="checkbox"/> To End Physical or Psychic Pain <input type="checkbox"/> Unclear
Recent Suicidal Ideation Apparent Reason Comments:	

<b>Recent Suicidal Ideation Frequency</b> <i>(Select one)</i>	
<input type="checkbox"/> Less than 1x/week <input type="checkbox"/> 2 – 5 x/week	<input type="checkbox"/> Daily or Almost Daily <input type="checkbox"/> Many Times a Day

<b>Recent Suicidal Ideation Duration</b> <i>(Select one)</i>	
<input type="checkbox"/> Fleeting - Few Seconds or Minutes <input type="checkbox"/> Less than 1 Hour, Some of the Time <input type="checkbox"/> 1 – 4 Hours, A Lot of Time	<input type="checkbox"/> 4 – 8 Hours, Most of Day <input type="checkbox"/> More than 8 Hours/Day, Persistent

<b>Suicidal Ideation Description</b> <i>Concisely describe or contrast current, recent, and lifetime suicide ideation attention to the frequency, duration, reasons, controllability and apparent impact of deterrents.</i>

<b>Suicidal Behavior Lethality</b> <i>Select all that apply)</i>	
<input type="checkbox"/> Preparatory Acts or Behavior <input type="checkbox"/> Self Aborted or Self Interrupted Attempt	<input type="checkbox"/> Interrupted Attempt by Others <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Unknown

<b>Suicidal Behavior Medical Consequences</b> <i>(Select all that apply)</i>	
<input type="checkbox"/> No Injury <input type="checkbox"/> Minor Injury (Scratches) <input type="checkbox"/> Injury Requiring Med Intervention <input type="checkbox"/> Injury Requiring Med Hospitalization <input type="checkbox"/> Injury Requiring ICU Level of Care	<input type="checkbox"/> Interrupted attempt not likely to cause injury <input type="checkbox"/> Interrupted attempt likely to cause injury not death <input type="checkbox"/> Interrupted attempt likely to result in death <input type="checkbox"/> Unknown

<b>Suicidal Behavior Description</b> <i>Concisely describe or contrast recent, and lifetime suicide behavior with attention to lethality and consequences of the self-harm.</i>

<b>Suicide Risk Demographic Factors</b> <i>(Select all that apply) Risk increases with age for males, is biphasic for females - higher in adolescence/early adulthood and late adulthood. Males generally more likely to commit suicide. Risk continuum for relationship status from high to low is widowed, divorced, single, partnered and married. With regard to ethnicity, highest to lowest risk is Native American, Caucasian, Asian/Pacific Islander, African American, and Latino.</i>	
<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status

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<input type="checkbox"/> Gender <input type="checkbox"/> Other	<input type="checkbox"/> Ethnicity <input type="checkbox"/> Family History
Suicidal Risk Factor Comments:	

<b>Suicide Risk Diagnostic Factors</b> <i>(Select all that apply)</i> Suicide lifetime risk increases if patient fits one of these diagnostic categories: Anxiety/panic - 7-15% risk, Depression/dysthymia - 15% risk, Bipolar Disorder - 15 % risk, Schizophrenia - 10% risk, Borderline PD or other Cluster B disorder - 8.5% risk, Traumatic Brain Injury (TBI) - 8% risk, Substance Abuse - 3% risk patient	
<input type="checkbox"/> Command Hallucinations <input type="checkbox"/> Rigid Thinking <input type="checkbox"/> Mental Anguish – Psychic Pain <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> New/Worsened Medical Problem <input type="checkbox"/> Pain Condition/Disorder	<input type="checkbox"/> Rumination on Suicide or Death <input type="checkbox"/> Hopelessness <input type="checkbox"/> Anhedonia <input type="checkbox"/> Impulsivity <input type="checkbox"/> Delirium <input type="checkbox"/> New/Worse CNS Problem <input type="checkbox"/> Loss of Functional Capacity
Suicide Risk Diagnostic Factors Comments:	

<b>Suicide Risk Psychosocial Risk Factors</b> <i>(Select all that apply)</i>	
<input type="checkbox"/> Family Suicide History <input type="checkbox"/> Family Conflict <input type="checkbox"/> Family Mental Health Hospitalizations <input type="checkbox"/> Trauma History <input type="checkbox"/> No Cultural/Religious Prohibition <input type="checkbox"/> Humiliation/Shame <input type="checkbox"/> Access to Weapons	<input type="checkbox"/> Lives Alone <input type="checkbox"/> No Work/School (Recent Grad/Retiree) <input type="checkbox"/> No Alliances <input type="checkbox"/> Recent Losses (Perceived) <input type="checkbox"/> Legal Problems <input type="checkbox"/> Financial Changes <input type="checkbox"/> Specific Stress <input type="checkbox"/> Other
Suicide Risk Psychosocial Risk Factors Comments:	

<b>Suicide Risk Situational Risk Factors</b> <i>(Select all that apply)</i>	
<input type="checkbox"/> Access to Firearms <input type="checkbox"/> Access to Other Planned Means <input type="checkbox"/> Risk of Disinhibiting Substance Use	<input type="checkbox"/> Access to Other Weapons <input type="checkbox"/> Risk of Elopement from Care <input type="checkbox"/> Other
Suicide Risk Situational Risk Factors Comments:	

<b>Suicide Protective Internal Factors</b> <i>(Select all that apply)</i>	
<input type="checkbox"/> History Decided Against Suicide <input type="checkbox"/> Hope/Plan for Future <input type="checkbox"/> Sobriety <input type="checkbox"/> Medication/Treatment Adherence <input type="checkbox"/> Intact Reality Testing <input type="checkbox"/> Frustration Tolerance <input type="checkbox"/> Fear of Death/Pain	<input type="checkbox"/> Religious Prohibition <input type="checkbox"/> Belief in Loving God <input type="checkbox"/> Problem Solving Skills <input type="checkbox"/> Perspective Taking Skills <input type="checkbox"/> Conflict Resolution Skills <input type="checkbox"/> Self Esteem (Fear of Disgrace) <input type="checkbox"/> Other
Suicide Protective Internal Factors Comments:	

<b>Suicide Protective External Factors</b> <i>(Select all that apply)</i>	
<input type="checkbox"/> Children at Home unless Post Partum Psychosis <input type="checkbox"/> Beloved Pets at Home <input type="checkbox"/> Responsibility for Others <input type="checkbox"/> Pregnancy	<input type="checkbox"/> Social Supports <input type="checkbox"/> Effective Mental Health Care <input type="checkbox"/> Effective Health Care <input type="checkbox"/> Rapport with Provider

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<input type="checkbox"/> Job Security/Skills	<input type="checkbox"/> Other External Factors
Suicide Protective External Factors Comments:	

<b>Suicide Risk Formulation and Mitigation Analysis</b>

<b>Suicide Risk Intervention Recommendations</b>