

ADOLESCENT SUICIDE ASSESSMENT PROTOCOL (ASAP-20) - 2004

Client _____ Date _____

Agency _____ Age _____ Gender _____

HISTORICAL ITEMS:	Code (0-3)
Code: 0=None 1=Mild 2=Moderate 3=Severe	
1. History of suicide attempts 0=None 3=Definite	
2. History of physical/sexual abuse	
3. History of antisocial behaviors	
4. History of family suicide attempts/completions 0=None 3=Definite	

GENERAL CLINICAL ITEMS:	Code (0-3)
Code: 0=No 1=Mild 2=Moderate 3=Severe	
5. Depression	
6. Hopeless	
7. Anger	
8. Impulsivity	
9. Substance abuse	

SPECIFIC SUICIDAL ITEMS	Code (0-3)
10. Currently, how often do you <u>think</u> about committing suicide? 0: Almost never 1: Occasional passing thoughts (monthly) 2: Regularly (weekly) 3: Almost daily	
11. Currently, do you have any <u>plans and methods</u> to commit suicide? 0: None 1: A general idea, but no specific plans 2: A specific plan 3: A specific plan with a method available and time schedule	
12. Do you <u>intend</u> to commit suicide? 0: No intention 1: Unlikely 2: Likely, someday 3: Likely, in the near future	

Total Page 1 _____

CONTEXT ITEMS:		Code (0-3)
Code: 0=No 1=Mild 2=Moderate 3=Severe		
13. Recent losses		
14. Firearm access		
15. Family dysfunction		
16. Peer problems		
17. School / legal problems		
18. Contagion	0=None 3=Definite	

PROTECTIVE ITEMS:		Code (0-3)
19. Reasons for living	0=Many 1=One 2=Vague 3=None	
20. Current treatment	0=Yes 3=No	

TOTAL 1-20 (pages 1 and 2) _____

OTHER CONSIDERATIONS:

RISK APPRAISAL	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
TOTAL SCORE	(0-15)	(16-19)	(20+)

ACTIONS TAKEN: (Check all that apply)	
1. Continue monitoring risk factors	_____
2. Notify family	_____
3. Notify/consult with supervisor	_____
4. Recommend/refer to outpatient treatment	_____
5. Recommend/refer to psychiatric consult/med evaluation	_____
6. Contract for NO SUICIDAL behaviors	_____
7. Recommend elimination of access to firearms/poisons	_____
8. Notify legal authorities &/or CPS of risk to self/or others	_____
9. Recommend/refer to day treatment	_____
10. Recommend/refer to crisis unit/voluntary hospitalization	_____
11. Initiate involuntary hospitalization	_____
12. Other: _____	_____

Interviewer
