SUICIDE RISK ASSESSMENT FORM

(Adapted from Becks Suicidal Intent Scale)

Objective circumstances related to suicide attempt.

Name: _____

Ward: _____

Hospital: _____

Clinic: _____

Score:

1. Isolation:	**Somebody present** **Somebody nearby, or in visual or vocal contact** **No-one nearby or in visual or vocal contact**	**0** **1** **2**	
2. Timing:	**Intervention probable** **Intervention unlikely** **Intervention highly unlikely**	**0** **1** **2**	
3. Precautions against discovery/ intervention:	**No precautions** **Passive precautions, e.g. avoiding others but doing nothing to prevent their intervention, alone in room with unlocked door** **Active precautions, e.g. locked door**	**0** **1** **2**	
4. Acting to get help during/after attempt:	**Notified potential helper regarding attempt** **Contacted but did not specifically notify potential helper regarding attempt** **Did not contact or notify potential helper**	**0** **1** **2**	
5. Final acts in anticipation of death (e.g., will, gifts, insurance):	**None** **Thought about or made some arrangements** **Made definite plans or completed arrange**	**0** **1** **2**	
6. Active preparation for attempt:	**None** **Minimal to moderate** **Extensive**	**0** **1** **2**	
7. Suicide note:	**Absence of note** **Note written or torn up, or thought about** **Presence of note**	**0** **1** **2**	
8. Overt communication of intent before attempt:	**None** **Equivocal communication** **Unequivocal communication**	**0** **1** **2**	
9. Alleged purpose or intent:	**To manipulate environment, get attention, revenge** **Components of 0 and 2** **To escape, solve problems**	**0** **1** **2**	
10. Expectations of fatality:	**Thought that death was unlikely** **Thought that death was possible, not probable** **Thought that death was probable or certain**	**0** **1** **2**	
11. Conception of method's lethality:	**Did less to self that thought would be lethal** **Was unsure if action would be lethal** **Equaled or exceeded what s/he thought would be lethal**	**0** **1** **2**	
12. Seriousness of attempt:	**Did not seriously attempt to end life** **Uncertain about seriousness to end life** **Seriously attempted to end life**	**0** **1** **2**	
13. Attitude towards living/dying:	**Did not want to die** **Components of 0 and 2** **Wanted to die**	**0** **1** **2**	

14. Conception of medical rescuability:	**Thought death would be unlikely with medical attention** **Was uncertain whether death could be averted by medical attention** **Was certain of death even with medical attention**	**0** **1** **2**	
15. Degree of premeditation:	**None, impulsive** **Contemplated for 3 hours or less before attempt** **Contemplated for more than 3 hours before attempt**	**0** **1** **2**	
TOTAL SCORE:			

RECOMMENDATIONS:

SCORING:	RISK:	SUGGESTED MANAGEMENT PLAN:
0 -10	LOW	May be sent home with advice to see Community Mental Health Team or GP
11 - 20	MEDIUM	Assessment by Community Mental Health Team or Psychiatrist advisable. If treatment refused, Community Mental Health Team follow-up should be arranged. Admission may be an option if patient: • Lives alone • Has a history of previous suicide attempt; or • Is clinically depressed
20 - 30	HIGH	Immediate assessment by Psychiatrist or Community Mental Health Team. Psychiatric admission recommended. Involuntary admission may be required.

ACTION TAKEN: (Tick box applicable)

Admitted:	**Medical Ward**	
	Psychiatric Ward	
Sent home:	**Alone**	
	With relative/friend	
Referred to:	**Community Mental Health Team**	
	GP	
	Psychiatrist	
	Other (specify)	

NAME: _____ Signature: _____
DATE: _____