Suicide Assessment

	Has the client made a recent suicidal threat? Do they report suicidal ideation?						
	Does the client have a specific plan for suicide?						
	Access to firearms, pills, or other common means of suicide?						
	Has the client made a previous suicide attempt?						
	Family history of suicide?						
	Does the client abuse substances?						
_	☐ If so, has substance use increased?						
\Box	Recent stressors? (Ex. financial difficulty, loss of relationship, illness)						
_	, , , , , , , , , , , , , , , , , , , ,						
	Client-report: Depression						
		1	2	3	4	5	
	Not at all depressed Very de					Very depressed	
	Client-report: Hopelessness						
		1	2	3	4	5	
	Optimistic Hope						
	Client-report: Social Support						

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Suicide Assessment

Clinical observation: Impulse Control

1 2 3 4 5
Low impulsivity High impulsivity

Clinical observation: Agitation / Anxiety

1 2 3 4 5
Calm Highly agitated / anxious