

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

14. Conception of medical rescuability:	Thought death would be unlikely with medical attention	0	
	Was uncertain whether death could be averted by medical attention	1	
	Was certain of death even with medical attention	2	
15. Degree of premeditation:	None, impulsive	0	
	Contemplated for 3 hours or less before attempt	1	
	Contemplated for more than 3 hours before attempt	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: <ul style="list-style-type: none"> • 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: _____