Client:	Screen completed by:	Date:

Suicide Risk Screener

sak suicide assessment kit

I need to ask you a few questions on how you have been feeling, is that ok?

1 In the past 4 weeks did you feel so sad that nothing could cheer you up?

☐ *All of the time* ☐ *Most of the time* ☐ *Some of the time* ☐ *A little of the time* ☐ *None of the time*

2 In the past 4 weeks, how often did you feel no hope for the future?

☐ *All of the time* ☐ *Most of the time* ☐ *Some of the time* ☐ *A little of the time* ☐ *None of the time*

3 In the past 4 weeks, how often did you feel intense shame or guilt?

☐ *All of the time* ☐ *Most of the time* ☐ *Some of the time* ☐ *A little of the time* ☐ *None of the time*

4 In the past 4 weeks, how often did you feel worthless?

☐ *All of the time* ☐ *Most of the time* ☐ *Some of the time* ☐ *A little of the time* ☐ *None of the time*

5 Have you ever tried to kill yourself? **Yes*** ☐ No ☐

If **Yes**:

a. How many times have you tried to kill yourself? ☐ *Once* ☐ *Twice* ☐ *3 +*

b. How long ago was the last attempt? _____ (mark below)_ Have things changed since? _____

☐ *In the last 2 months* ☐ *2-6 months ago* ☐ *6-12 months ago* ☐ *1-2 years ago* ☐ *More than 2 years ago*

6 Have you gone through any upsetting events recently? (tick all that apply) Yes ☐ No ☐

☐ Family breakdown
☐ Relationship problem
☐ Loss of loved one
☐ Conflict relating to sexual identity
☐ Impending legal prosecution
☐ Child custody issues
☐ Chronic pain/illness
☐ Trauma
☐ Other (specify) _____

7 Have things been so bad lately that you have thought about killing yourself? **Yes*** ☐ No ☐

If **Yes**:

a. How often do you have thoughts of suicide? _____

b. How long have you been having these thoughts? _____

c. How intense are these thoughts when they are most severe?

☐ *Very intense* ☐ *Intense* ☐ *Somewhat intense* ☐ *Not at all intense*

d. How intense have these thoughts been in the last week?

☐ *Very intense* ☐ *Intense* ☐ *Somewhat intense* ☐ *Not at all intense*

If **No**: *skip to 10*

8 Do you have a current plan for how you would attempt suicide? **Yes*** ☐ No ☐

If Yes:

a. What method would you use? _____ (Access to means? Yes ☐ No ☐)

b. Where would this occur? _____ (Have all necessary preparations been made? Yes ☐ No ☐)

c. How likely are you to act on this plan in the near future?

☐ *Very likely* ☐ *Likely* ☐ *Unlikely* ☐ *Very unlikely*

9 What has stopped you acting on these suicidal thoughts? _____

10 Do you have any friends/family members you can confide in if you have a serious problem? Yes ☐ No ☐

a. Who is/are this/these person/people? _____

b. How often are you in contact with this/these person/people? _____

☐ *Daily* ☐ *A few days a week* ☐ *Weekly* ☐ *Monthly* ☐ *Less than once a month*

11 What has helped you through difficult times in the past? _____

☐* Indicates high or moderate risk answer

Client:	Screen completed by:	Date:

Client presentation/statements (tick all that apply)	
☐ Agitated	☐ Intoxicated
☐ Disorientated/confused	☐ Self-harm
☐ Delusional/ hallucinating	☐ Other: _____

NOTE: If client presents as any of the above and is expressing thoughts of suicide, risk level is automatically **HIGH**

Worker rated risk level:	☑ Low	☐ Moderate	☐ High

Level of risk	Suggested response
Low: • No plans or intent • No prior attempt/s • Few risk factors • Identifiable 'protective' factors	• Monitor and review risk frequently • Identify potential supports/contacts and provide contact details • Consult with a colleague or supervisor for guidance and support • Refer client to safety plan and keep safe strategies should they start to feel suicidal.
Moderate: • Suicidal thoughts of limited frequency, intensity and duration • No plans or intent • Some risk factors present • Some 'protective' factors	• Request permission to organise a specialist mental health service assessment as soon as possible • Refer client to safety plan and keep safe strategies as above • Consult with a colleague or supervisor for guidance and support • Remove means where possible • Review daily
High*: • Frequent, intense, enduring suicidal thoughts • Clear intent, specific/well thought out plans • Prior attempt/s • Many risk factors • Few/no 'protective' factors *or highly changeable	• If the client has an immediate intention to act, contact the mental health crisis team immediately and ensure that the client is not left alone • Remove means where possible • Call an ambulance/police if the client will not accept a specialist assessment, or the crisis team is not available • Consult with a colleague or supervisor for guidance and support