

Suicide Risk Assessment for Adolescents and Young Adults Check Sheet
Society for Adolescent Health and Medicine Workshop – March 9th 2017

Factors	Risk Present, But Lower	Moderate Level of Risk	Higher/Severe Level of Risk
Present Suicide Plan (i.e., how detailed, preparedness, immediacy, lethality, access to means, rescuability/supports)	<input type="checkbox"/> Vague, unspecific <input type="checkbox"/> No preparation/would have to acquire the means <input type="checkbox"/> No specific time identified <input type="checkbox"/> Low lethality (pills, cut wrists) <input type="checkbox"/> Sufficient supervision and support most of the time	<input type="checkbox"/> Some specifics of a plan <input type="checkbox"/> Has access to means; has done some preparation <input type="checkbox"/> Timeline of within a few hours or the next few days <input type="checkbox"/> Drugs, car crash, running into traffic <input type="checkbox"/> Can get support quickly if needed	<input type="checkbox"/> Well thought out plan; detailed <input type="checkbox"/> Has ready access to means <input type="checkbox"/> Has impulse/immediacy <input type="checkbox"/> Gun, asphyxiation by hanging, jumping <input type="checkbox"/> Isolated; no supervision; no access to support
Previous Attempts	<input type="checkbox"/> None or previous had low lethality	<input type="checkbox"/> More than one of low lethality; one or more of medium lethality; history of repeated threats	<input type="checkbox"/> One or more of high lethality or multiple of moderate lethality; history of repeated threats
Stress/Resources	<input type="checkbox"/> No significant stressors <input type="checkbox"/> Adjusts adaptively to loss and change <input type="checkbox"/> Resources present and available; comfortable with asking others for help	<input type="checkbox"/> Some stressors present (e.g., family conflict, school problems, minor loss, suicidal gestures by others) <input type="checkbox"/> Able to adjust moderately well to loss and change <input type="checkbox"/> Resources are present but not perceived as available or willing to help <input type="checkbox"/> Some conflict but not pathological	<input type="checkbox"/> Notable stressors present, such as significant loss, trauma, suicide (family, friends, community), etc. <input type="checkbox"/> Exhibits extreme reactions to loss and change; poor adaptability <input type="checkbox"/> Resources not available and/or hostile, exhausted, unwilling <input type="checkbox"/> Interpersonal problems
Mental Health	<input type="checkbox"/> History of mental health issues but not currently a concern <input type="checkbox"/> Mild symptoms of depression and/or anxiety <input type="checkbox"/> No significant medical issues <input type="checkbox"/> No concerns with risky behavior or additional psychosocial issues	<input type="checkbox"/> History of mental health issues and currently in treatment <input type="checkbox"/> Moderate symptoms of depression and/or anxiety (moodiness, irritability, sadness, rumination, social withdrawal) <input type="checkbox"/> Acute but short-term medical issue or psychosomatic ailment <input type="checkbox"/> Recent acting-out and/or risky behavior (substance use, sexual behavior, self-injury, maladaptive dieting)	<input type="checkbox"/> History of mental health issues and not in treatment despite concerns <input type="checkbox"/> Severe symptoms of depression and/or anxiety (hopelessness, feeling overwhelmed, helplessness, constant panic) <input type="checkbox"/> Chronic, incapacitating or acute, severe illness <input type="checkbox"/> Recent acting-out and/or risky behavior (substance use, sexual behavior, self-injury, maladaptive dieting); suicidal behavior
Perceived Intra-Psychic (Emotional) Pain	<input type="checkbox"/> Describes pain as tolerable <input type="checkbox"/> Would like pain to stop but does not feel desperate <input type="checkbox"/> Identifies healthy ways to cope with the emotional pain	<input type="checkbox"/> Describes pain as barely tolerable <input type="checkbox"/> Starting to become desperate for relief from the pain <input type="checkbox"/> Identifies only limited or maladaptive means of coping	<input type="checkbox"/> Describes pain as intolerable <input type="checkbox"/> Feeling desperate for relief from the pain <input type="checkbox"/> Identifies maladaptive means of coping or lacks any coping strategy
Communication of Suicidal Intent	<input type="checkbox"/> Openly and directly expresses objective suicidal intent	<input type="checkbox"/> Expresses other-oriented suicidal intent – to hurt others (“They’ll feel what I feel”), to seek retribution (“They’ll be sorry”)	<input type="checkbox"/> Very indirect or non-verbal expression of internalized suicidal intent – guilt, hopelessness, worthlessness
Total Checks			

**This check sheet should not be considered a diagnostic tool, or be utilized lieu of a thorough risk assessment or clinical judgment. Even if risk is low, it is still present and should be assessed appropriately. This check sheet was designed for and may be utilized for didactic purposes. For all other inquiries, please contact Bridgid Mariko Conn, Ph.D. at bconn@chla.usc.edu. This check sheet was adapted from check sheets by the Education Bureau of Hong Kong and Anne Arundel County Public Schools.*