SUICIDE RISK ASSESSMENT

Student_____ Date_____

	YES	NO
1. Do you have a suicide plan? Have you ever made suicidal gestures/ threats in the past?	☐	☐
2. Do you have access to guns, pills, or other lethal means?	☐	☐
3. Are you having problems communicating with, in conflict with, or feel you are a burden to family or friends?	☐	☐
4. Have you been having feelings of never-ending problems, not of your own making, not getting any better that you can't resolve?	☐	☐
5. Do you have any of the following symptoms: insomnia, depression, agitation, anxiety, panic symptoms, eating disturbance?	☐	☐
6. Have you recently lost a loved one or had a break-up?	☐	☐
7. Are you being bullied/harassed/or your reputation smeared (Facebook, Instagram, Twitter, Kick, Snapchat)?	☐	☐
8. Are you having identity conflict such as sexual/gender identity issues?	☐	☐
9. Have you been given increased responsibilities at home (i.e. younger siblings, impaired/handicapped adult)?	☐	☐
10. Do you have a history of drug or alcohol abuse?	☐	☐
11. Have you experienced any serious illness?	☐	☐
12. Have you talked with your parents/guardians about how you feel? Will they support your getting help?	☐	☐
13. Do you feel like this is somebody's else's fault? Are you mad at anyone? blaming anyone?	☐	☐
14. Have you thought about harming anyone at school? or anywhere else?	☐	☐

Please feel free to call Silvio Fina, Mental Health Coordinator, to consult via office phone (850) 469-5405 or cell (850) 530-3567. Family will be called after assessment.

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