



| <b>SUICIDE RISK QUESTIONS</b> |  |
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| <b>MEANS:</b>                 | Is the method available?   |
| <b>METHOD:</b>                | Is the method lethal?<br>Level of detail?                          |
| <b>PLANS:</b>                 | Rehearsals?<br>Time / date?<br>Place?                              |
| <b>INTENT:</b>                | Plans to carry through?<br>Plans to actually die?                  |
| <b>THOUGHTS:</b>              | Anxious turmoil?<br>Worthlessness?<br>Hopelessness?                |
| <b>SUPPORTS:</b>              | Friends?<br>Family?<br>Case worker?<br>Social worker?              |
| <b>HISTORY:</b>               | Personal / family history?<br>Previous attempts?<br>Other illness? |