

Suicide Assessment Questionnaire

Patient Name: _____ Date: _____

In the past month did you . . .			Points
Think that you would be better off dead or wish you were dead?	No	Yes	1
Want to harm yourself?	No	Yes	2
Think about suicide?	No	Yes	6
Have a suicide plan?	No	Yes	10
Attempt suicide?	No	Yes	10
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In your lifetime did you . . .			
Ever make a suicide attempt?	No	Yes	4
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Total			
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Total the points for all Yes answers.

- Low suicide risk = 5 points or less
- Moderate suicide risk = 6–9 points
- High suicide risk = 10 points or more

There are no validated suicide risk assessment tools to date. The risk scores, including low risk, are to be interpreted in conjunction with clinical judgment. If the answer to the question “Are you thinking about killing yourself” is yes, and the person has a plan, take the person seriously and ensure their safety immediately.