MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
INITIAL SUICIDE RISK ASSESSMENT
XIII.12.E

YOUTH:	DATE:
INTERVIEWER:	TIME:

Part I
Presenting Problem

Suicidality: ☐ Suicide Ideation: ☐

History: Check all that apply. ☐ None

☐ Prior Suicidal Behavior
☐ Family History of Suicide
☐ History of Mental Disorder
☐ History of Substance Use Disorder
☐ Family History of Mental Disorder
☐ Family History of Substance Use Disorder Substance Use Disorder
☐ Prior Hospitalization
☐ Psychotropic Medication
☐ Chronic Physical Illness
☐ Sexual Orientation Issues
☐ Childhood Sexual Abuse
☐ Childhood Physical Abuse
☐ Childhood Emotional Abuse
☐ Target or Witness of Violence
☐ Divorce or Death in Family
☐ History of Eating Disorder
☐ Learning Disability
☐ Cultural Acceptance of Suicide
☐ Other: Describe

Comments:

Situational Stressors: Check all that apply. ☐ None.

☐ Abusive Relationship
☐ Target or Witness of Bullying
☐ Recent Death or Loss
☐ Pregnancy

Youth:
Date:

- ☐ Recent Move or Change
- ☐ Removal from Home/Family
- ☐ Lack of Support System
- ☐ Isolation from Peers
- ☐ Detention or Confinement
- ☐ Staff and Institutional Changes
- ☐ SIB Contagion
- ☐ Suicide Contagion
- ☐ Other: Describe

Comments:

Global Signs and Symptoms: Check all that apply. ☐ None.

- ☐ Overeating
- ☐ Self Injurious Behavior
- ☐ Insomnia
- ☐ Hypersomnia
- ☐ Agitation or Irritability
- ☐ Anergia or Fatigue
- ☐ Impaired Concentration or Memory
- ☐ Cognitive Rigidity or Distortion
- ☐ Somatic Complaints
- ☐ Anxiety
- ☐ Isolation and Withdrawal
- ☐ Loss of Interest in Activities
- ☐ Low Self Esteem
- ☐ Hopelessness
- ☐ Neglecting Appearance
- ☐ Neglecting Hygiene
- ☐ Impulsivity or Risk Taking
- ☐ Aggression or Violence
- ☐ Substance Use or Intoxication
- ☐ Hypersexual Behavior

Other: Describe

Comments:

Youth:
Date:

Specific Signs and Symptoms: Check all that apply. ☐ None.

☐ Preoccupation with Death ☐ Discarding Personal Items

☐ Writing About Death ☐ Writing About Suicide

☐ Suicidal Thought ☐ Suicidal Verbalization

☐ Suicidal Gesture ☐ Suicide Attempt

☐ Other: Describe

Comments:

Interview Schedule

1. How many times have you tried to commit suicide?

(If only one attempt, proceed. If more than one attempt, then preface comments with "Let's begin with the last time you tried, ..." and complete all questions in this section. Then, repeat all of the questions asking about each previous suicide attempt until all suicide attempts have been covered.)

2. When did this happen?

3. What did you do to try to kill yourself?

4. Where you injured? If so, did you receive medical attention? (Specify where and nature of attention.)

5. Why did you try to kill yourself?

6. What was your mood at the time?

7. Who knows that you tried to kill yourself?

8. The suicide attempt obviously did not succeed: how do you feel about the fact that you did not die?

Youth:
Date:

9. How is it that you did not die? (If rescued, get the name and relationship of the rescuer and whether the rescue was coincidental or foreseeable.)

10. Did you have any counseling with a professional after the attempt? (If so, list the details.)

11. Which (if any) of the following preparations for death did you make?

- ☐ Researched a method
- ☐ Acquired the means
- ☐ Told someone about suicidal intentions
- ☐ Gave away valued possessions
- ☐ Bid farewell to significant others
- ☐ Wrote a suicide note
- ☐ Made funeral plans
- ☐ Other:

Part II
Suicide Ideation

The following questions relate to what the youth is thinking and should be asked if the person is now, or has ever considered, committing suicide.

12. When did you last feel suicidal?

13. Sometime when people feel like that they have a vague idea of wanting to die; sometimes they have very specific ideas about dying. How specific were your thoughts?

14. What was happening in your life that made you feel like that?

15. How often do you feel like that?

16. When you feel like that, how long do these thoughts last?

17. Some people who get thoughts like that are troubled or frightened by them. Others don't find these thoughts to be particularly upsetting. How do such thoughts make you feel?

18. Do you feel that you can control these thoughts?

Youth:
Date:

Part III
General Questions

The following questions relate to how a person views life and would handle stressful or life-threatening situations.

19. If you found your life threatened by someone or something today, would you make efforts to save yourself?

20. If you had some easy way of killing yourself, like a gun in your room, would you consider using it?

21. Do you have any self-inflicted wounds or scars (if so, list the details)? Have you ever harmed yourself on purpose without intending to die?

22. Do you believe in a god or an afterlife? (If someone were someone to commit suicide what do you believe might happen to them after death?)

23. Most people have reasons for wanting to live. What are yours?

24. If something was bothering you, and you wanted to talk or wanted some emotional support, is there someone to whom you would go? Who?

25. Have there been any recent upsets or changes in your relationships with your family or friends?

26. Have you known anyone who has committed suicide? (If yes, record the details.)

27. Is there some special anniversary or date coming up that makes you feel uncomfortable?

Youth:
Date:

28. How are you feeling today or, more specifically, what emotions are you feeling today?

29. I have a list of emotions that some people have told me they feel when they come to this facility. I'd like to read this list to you and I'd like you to tell me whether or not you're feeling any of them by answering "yes" or "no".

(Place an "X" to indicate feelings reported by the student.)

☐ Upset	☐ Mad	☐ Furious
☐ Sad	☐ Depressed	☐ Troubled
☐ Anxious	☐ Scared	☐ Terrified
☐ Lonely	☐ Guilty	☐ Misunderstood
☐ Distracted	☐ Bored	☐ Confused
☐ Distressed	☐ Shocked	☐ Ashamed
☐ Insulted	☐ Embarrassed	☐ Calm
☐ Happy	☐ Relaxed	

Case Conceptualization:

_____ Date_____
Signature of Interviewer