Mississippi Department of Human Services
Division of Youth Services
Subsequent Suicide Risk Assessment
XIII.12.F

Youth: _______________________________ Unit: __________________________ Date: __________

Time: ____________________________ Name of Person (QMHP): ________________________________

Description of behavior since last assessment: ____________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

General Appearance
☐ appropriate ☐ average weight ☐ thin ☐ obese ☐ tattoos
☐ appears younger ☐ appears older ☐ appears stated age ☐ unusual ☐ dirty
☐ overly meticulous ☐ bizarre ☐ unkempt ☐ noticeable inappropriate

Facial Expression:
☐ calm ☐ alert ☐ happy ☐ stressed/tense ☐ troubled
☐ dazed ☐ confused ☐ puzzled ☐ sad ☐ aloof
☐ angry ☐ pained ☐ sly ☐ smiling inappropriately

Mood
☐ calm ☐ depressed ☐ sad ☐ agitated ☐ rageful
☐ guilty ☐ frustrated ☐ anxious ☐ angry ☐ volatile
☐ fearful ☐ fearful ☐ withdrawn ☐ worthlessness ☐ other __________

Attitude
☐ cooperative ☐ hopeful/motivated ☐ defensive ☐ negative ☐ needy
☐ hostile ☐ guarded ☐ aggressive ☐ blaming ☐ other __________

Energy Level

1 2 3 4 5 6 7 8 9 10

(Low ____________________________ High)

Suicide Assessment / Danger to Self
1. Does the youth report having any current suicidal thoughts?
   If Yes, explain: ________________________________________________________________ ☐ Yes ☐ No

2. Does the youth have any current intentions to kill or harm self?
   ☐ Yes ☐ No

3. Does the youth have a current plan?
   If Yes, explain: ________________________________________________________________ ☐ Yes ☐ No

4. Is the plan realistic?
   ☐ Yes ☐ No
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Youth Name: ____________________________ Date: ____________________________

Suicide Assessment / Danger to Self (continued)

5. Has the youth participated in self-injurious behavior? □ Yes □ No
   If Yes, explain: __________________________________________________________
   __________________________________________________________

6. Has the youth made any suicide attempts since last assessment? □ 0 □ 1-3 □ More

7. What events or significant stressors are identified as contributing factors?
   __________________________________________________________
   __________________________________________________________

8. What resources does the youth identify?
   __________________________________________________________
   __________________________________________________________

Levels of Supervision Recommendations

□ Discontinue Precautionary Status □ Safety Alert Level 1 □ Safety Alert Level 2
□ Safety Alert Level 3 □ Removed from Safety Alert □ Follow up with Clinical Services
□ Other ____________________________

Rationale for Recommendations

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Plan to prevent suicide or self-injury

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Additional Comments

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Signature: ____________________________ Date: ________ Time: ________