

**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:** \_\_\_\_\_

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**General Appearance**

- |  |   |   |   |                                  |
|--|---|---|---|----------------------------------|
| <input type="checkbox"/> appropriate       | <input type="checkbox"/> average weight | <input type="checkbox"/> thin               | <input type="checkbox"/> obese                    | <input type="checkbox"/> tattoos |
| <input type="checkbox"/> appears younger   | <input type="checkbox"/> appears older  | <input type="checkbox"/> appears stated age | <input type="checkbox"/> unusual                  | <input type="checkbox"/> dirty   |
| <input type="checkbox"/> overly meticulous | <input type="checkbox"/> bizarre        | <input type="checkbox"/> unkempt            | <input type="checkbox"/> noticeable inappropriate |                                  |

**Facial Expression:**

- |                                |                                   |                                  |  |                                   |
|--------------------------------|-----------------------------------|----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> calm  | <input type="checkbox"/> alert    | <input type="checkbox"/> happy   | <input type="checkbox"/> stressed/tense          | <input type="checkbox"/> troubled |
| <input type="checkbox"/> dazed | <input type="checkbox"/> confused | <input type="checkbox"/> puzzled | <input type="checkbox"/> sad                     | <input type="checkbox"/> aloof    |
| <input type="checkbox"/> angry | <input type="checkbox"/> pained   | <input type="checkbox"/> sly     | <input type="checkbox"/> smiling inappropriately |                                   |

**Mood**

- |                                  |                                     |                                    |  |                                      |
|----------------------------------|-------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> calm    | <input type="checkbox"/> depressed  | <input type="checkbox"/> sad       | <input type="checkbox"/> agitated      | <input type="checkbox"/> rageful     |
| <input type="checkbox"/> guilt   | <input type="checkbox"/> frustrated | <input type="checkbox"/> anxious   | <input type="checkbox"/> angry         | <input type="checkbox"/> volatile    |
| <input type="checkbox"/> fearful | <input type="checkbox"/> tearful    | <input type="checkbox"/> withdrawn | <input type="checkbox"/> worthlessness | <input type="checkbox"/> other _____ |

**Attitude**

- |                                      |  |                                     |                                   |                                      |
|--------------------------------------|--|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> cooperative | <input type="checkbox"/> hopeful/motivated | <input type="checkbox"/> defensive  | <input type="checkbox"/> negative | <input type="checkbox"/> needy       |
| <input type="checkbox"/> hostile     | <input type="checkbox"/> guarded           | <input type="checkbox"/> aggressive | <input type="checkbox"/> blaming  | <input type="checkbox"/> 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?  Yes  No

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: \_\_\_\_\_