

APPENDIX U
Cumberland University Counseling Center
Risk Assessment Summary - Self

Name _____

Date _____

- | | | Y | N |
|----|--|----------|----------|
| 1. | Current or recent suicidal thoughts?
(frequency, duration, intensity) | — | — |
| | Plan?
(availability of means, lethality, time, preparation) | — | — |
| | Stated intent? | — | — |
| | Objective markers of intent? | — | — |
| 2. | Previous suicide attempt(s)? | — | — |
| | With injuries? | — | — |
| | Intervention required?
(context, perceived lethality, rescue opportunity,
help seeking behaviors, preparatory behaviors) | — | — |
| 3. | Current or past self-injurious behavior? | — | — |
| 4. | Friend/relative who attempted
or completed suicide? | — | — |
| 5. | Recent losses? | — | — |
| 6. | History psychiatric disturbance? | — | — |
| 7. | History abuse/trauma? | — | — |
| 8. | Drug or alcohol use? | — | — |
| 9. | Physical health problems? | — | — |

**APPENDIX U
(Continued)**

- | | <u>1</u> | <u>5</u> | <u>10</u> |
|---|-----------|----------|----------------|
| 10. Current stress | Mild | ←-----→ | Severe |
| 11. Depression | Mild | ←-----→ | Severe |
| 12. Hopelessness | Mild | ←-----→ | Severe |
| 13. Social support | Available | ←-----→ | Isolated |
| 14. Daily Functioning | No Change | ←-----→ | Very disturbed |
| 15. Impulsivity | Low | ←-----→ | High |
| 16. Other risk factors not indicated above: | | | |

Treatment recommendations and rationale for recommendations (including rationale for or for not recommending hospitalization).

Counselor signature