

Suicide Interview Sheet

RISK FACTORS

Do they have a general sense of sadness or worry about the future? Yes No

Do they talk openly to others or post on social media about their hopelessness or despair? Yes No

Have they talked to others about wanting to die? Yes No

What method(s) for killing themselves have they shared or researched? Shoot self Hang self
 Jump from a height Medication Overdose Driving into something Drown self
 Get hit by a car Burn/cut self

Have they mentioned when they would do this? Soon Soon, but vague
 If things don't get better This weekend Today No timeline

Has there been a sudden and unexplained change in their behavior recently? Yes No

Have they been prescribed medication for mental illness? Yes No If yes, how often do they take it?
 Frequently Occasionally Rarely Never Unsure

CHECK BOX THAT BEST FITS

Have they been to outpatient therapy?
 Have they been hospitalized for suicide?
 Have they had a lack of focus on daily tasks?
 Do they feel like a burden to others?
 Have they grown distant from others?
 Have they lost interest in past, fun activities?

Frequent	Occasional	Rarely	Never	Unsure

Do they have access to weapons or firearms? Yes No If yes, what type?

Handgun Explosives Knives or swords Poison
 Rifle Combustibles Volatile chemicals Martial arts weapons

Do they have significant challenges in their course work related to family stress, financial pressure, learning difficulty or competing priorities? Yes No

Are they in any of these higher risk groups for suicide? Yes No If yes, check all that apply.

16- 24 65+/male Military LGBTQ+ Physical disability First responder

Have they recently experienced loss of any of the following? If yes, check all that apply

Meaningful romantic relationship Apartment, house Loss of job

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- | | | |
|---|--|---|
| <input type="checkbox"/> Friends or social group | <input type="checkbox"/> Death of close friend/colleague | <input type="checkbox"/> Death of partner |
| <input type="checkbox"/> Academic major or internship | <input type="checkbox"/> Reduction of athletic team play | <input type="checkbox"/> Financial loss |

Is there an anniversary of a loss or death approaching? Yes No If yes, describe:

Have they been giving away their prized possessions? Yes No If yes, describe:

Have they recently experienced any of the following? Yes No. If yes, check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Parental divorce or family stress | <input type="checkbox"/> Doxxing (sharing personal info) | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Intense financial pressures | <input type="checkbox"/> Demotion at work, conflict | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> An intense embarrassing event | <input type="checkbox"/> Reduction of play time on team | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Relapse after sobriety | <input type="checkbox"/> Failure to pass pledging process | <input type="checkbox"/> Bully or teasing |
| <input type="checkbox"/> Chronic Stress | <input type="checkbox"/> Intense feelings of homesickness | |

Have they cut, burned, or hit themselves intentionally? Yes No If yes, check all that apply

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Wanted to die | <input type="checkbox"/> Angry at situation | <input type="checkbox"/> Body modification | <input type="checkbox"/> Sensory regulation |
| <input type="checkbox"/> Frustrated at self | <input type="checkbox"/> Boredom at life | <input type="checkbox"/> Sexual assault | <input type="checkbox"/> They are unsure |

If yes, check how often it occurred? Years ago Several times over past years

A few times a year A few times a month Weekly Daily Several times a day

If they have harmed themselves, check all that they have used:

- | | | | | |
|-------------------------------------|--|--|--|---------------------------------|
| <input type="checkbox"/> Razor | <input type="checkbox"/> Broken pencil eraser | <input type="checkbox"/> Kitchen knife | <input type="checkbox"/> Tattoo needle | <input type="checkbox"/> Stove |
| <input type="checkbox"/> Paper clip | <input type="checkbox"/> Stick and Poke needle | <input type="checkbox"/> Knife (other) | <input type="checkbox"/> Lighter/Match | <input type="checkbox"/> Hammer |

Have they been hospitalized for this? Yes No

Have they been hospitalized for this? Yes No

Do they have a chronic disease or physical disability? Yes No If yes, describe:

Have they increased their alcohol use recently? Yes No

If yes, is it getting in the way of their everyday activities, work, or academic progress? Yes No

PROTECTIVE FACTORS

Do they have friends and social connections that support them during difficult times? Yes No

Do they have a safe place to talk through ideas/concerns free from criticism? Yes No

Do they have supports (family, religious, academic, work) that help during difficult times? Yes No

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Do they have hobbies, activities, pets (or other) that offer solace during times of stress? Yes No

While potentially frustrated in the moment, do they keep their frustrations in perspective? Yes No

How do they identify their religious affiliation? List:

If they have spiritual or religious beliefs, do they find solace in them? Yes No

Do they have a hopeful view of the future? Yes No Do they have access to treatment? Yes No

Do they have a cultural, religious, or personal belief against committing suicide? Yes No

Do they have problem solving skills and a sense of resiliency to overcome challenges? Yes No

Do they have a sense of purpose and/or larger sense of meaning in life? Yes No