



Interviewer name: \_\_\_\_\_

## Suicide Risk Screening Tool

### Ask ~~Suicide-Screening~~ Questions

#### Ask the student:

1. In the past few weeks, have you wished you were dead? ☐ Yes ☐ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ☐ Yes ☐ No
3. In the past week, have you been having thoughts about killing yourself? ☐ Yes ☐ No
4. Have you ever tried to kill yourself? ☐ Yes ☐ No  
If yes, how?

When?

If the student answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ☐ Yes ☐ No  
If yes, please describe:

#### Next steps:

- If student answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (\*Note: Clinical judgment can always override a negative screen).
- If student answers **“Yes”** to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
  - ☐ **“Yes”** to question #5 = **acute positive screen** (imminent risk identified)
    - Student requires a **STAT safety/full mental health evaluation**.
    - Student will receive constant supervision while on school campus and is not permitted to leave campus alone. Parent/guardian(s) will be contacted and necessary permissions will be obtained. Student will require evaluation by Emergency Medical Services unless student has a local mental health provider who can be contacted for same-day evaluation.
    - Keep student in sight. Remove all dangerous objects from room. Alert appropriate school officials responsible for student safety.
  - ☐ **“No”** to question #5 = **non-acute positive screen** (potential risk identified)
    - Student requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Student cannot leave until evaluated for safety.
    - Alert appropriate school officials responsible for student safety.

#### Provide resources to all students

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text “HOME” to 741-741



## 1 Follow-up questions to ask when a student screens positive for suicide risk

### ☐ **Suicide plan**

Assess if the student has a suicide plan, regardless of how they responded to any other questions (ask about method). **Ask the student:** "Have you thought about how you might end your life?"

**If no plan, ask:** "If you were going to kill yourself, how would you do it?"

**Note:** If the student has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

### ☐ **Access to means**

If the student indicates they have a suicide plan, ask about access to means. **Ask the student:** "Do you have access to... (identified in plan)" **If no, ask:** "How do you plan to gain access?"

**Note:** If the student has access to means or articulates a reasonable method of access, putting time & distance between someone at risk for suicide & lethal means can save a life. Work with caregivers to remove or lock up firearms and medications. In crisis, lock up belts, ropes, knives, chemicals.

### ☐ **Intent**

**Ask the student:** "Have you thought about when you might do this?" "Have you prepared for your death by writing a note or making a will?" "Have you rehearsed your plan or put any part of it in motion?"

**Note:** Evaluate past self-injury and history of suicide attempts (method, estimated date, intent). Past suicidal behavior is the strongest risk factor for future attempts.

## 2 Parent/Guardian Contact

[2145P](#) | [Suicide Risk Assessment Steps & Procedures](#)

Name of Contact: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Outcome (Picked up? Parent/Guardian response?)