



Confidential help is available for  
Veterans and their families and friends.

**Veterans Crisis Line:**  
**1-800-273-8255 and Press 1,**  
**confidential chat at**  
**VeteransCrisisLine.net, or text to 838255**

**SUICIDE RISK  
ASSESSMENT GUIDE**

**You can save a life. It's your call.**

References:

American Psychiatric Association. Practice Guidelines for the Assessment and Treatment of Patients with Suicide Behaviors, 2nd ed. In: Practice Guidelines for the Treatment of Psychiatric Disorders Compendium. Arlington VA 2004. (835-1027).

Rudd et al. Warning signs for suicide: theory, research and clinical applications. Suicide and Life Threatening Behavior, 2006 June36 (3)255-62. © 3/12 VHA

**4 steps to assessing suicide risk among Veterans.**

- **LOOK** for the warning signs
- **ASSESS** for risk and protective factors
- **ASK** the questions
- **RESPOND** in the appropriate way

All patients who present with positive depression screens, history of mental health diagnosis, or any of the warning signs listed should be further assessed for suicide risk.



U.S. Department  
of Veterans Affairs

**Veterans  
Crisis Line**



**1-800-273-8255 PRESS 1**



U.S. Department  
of Veterans Affairs



## 1 LOOK FOR THE WARNING SIGNS

**Presence of any of these warning signs requires immediate attention and referral. Consider hospitalization for safety until a complete assessment can be made.**

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons, or other means
- Talking or writing about death, dying, or suicide

### Additional Warning Signs

**For any of the these signs, refer for mental health treatment or follow-up appointment.**

- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug abuse
- Withdrawing from friends, family, and society
- Anxiety, agitation, inability to sleep, or sleeping all the time
- Dramatic changes in mood
- Perceiving no reason for living, no sense of purpose in life

## 2 ASSESS FOR SPECIFIC FACTORS THAT MAY INCREASE OR DECREASE RISK FOR SUICIDE

### Factors that may increase risk

- Current ideation, intent, plan, access to means
- Previous suicide attempt or attempts
- Alcohol/substance abuse
- Previous history of psychiatric diagnosis
- Impulsiveness and poor self-control
- Hopelessness—presence, duration, severity
- Recent losses—physical, financial, personal
- Recent discharge from an inpatient unit
- Family history of suicide
- History of abuse—physical, sexual, or emotional
- Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
- Age, gender, race—elderly or young adult, male, white, unmarried, living alone
- Same-sex sexual orientation

### Factors that may decrease risk

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home, pregnancy
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem-solving skills
- Positive therapeutic relationship

## 3 ASK THE QUESTIONS

- **Are you feeling hopeless about the present/future?**

*If yes, ask...*

- **Have you had thoughts about taking your life?**

*If yes, ask...*

- **When did you have these thoughts, and do you have a plan to take your life?**

- **Have you ever had a suicide attempt?**

## 4 RESPONDING TO SUICIDE RISK

**Ensure the patient's immediate safety and determine the most appropriate treatment setting.**

- Refer for mental health treatment or ensure that a follow-up appointment is made.
- Inform and involve someone close to the patient.
- Limit access to means of suicide.
- Increase contact and make a commitment to help the patient through the crisis.

**Provide the number of an ER/urgent care center to the patient and significant other.**