

**Mississippi Department of Human Services
Division of Youth Services
Subsequent Suicide Risk Assessment
XIII.12.G**

Youth: _____ **Unit:** _____ **Date:** _____

Time: _____ **Name of Person QMHP:** _____

Description of behavior since last assessment: _____

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 withdrawn | 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: _____

4. Is the plan realistic? Yes No

Subsequent Suicide Risk Assessment – Page 2

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 _____