

# CASE EXAMPLE

## Suicide Status Form-SSF II-R (Initial Session)

Patient: TSgt. Thomas Anderson      Clinician: Provider A      Date:      Time:     

### Section A (Patient):

Rate and fill out each item according to how you feel right now.

Rank Then rank in order of importance 1 to 5 (1=most important to 5=least important).

3	1) RATE PSYCHOLOGICAL PAIN ( <i>hurt, anguish, or misery in your mind, <u>not</u> stress, <u>not</u> physical pain</i> ):	Low pain: 1 2 3 4 5	:High pain
	What I find most painful is: _____		
1	2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ):	Low stress: 1 2 3 4 5	:High stress
	What I find most stressful is: _____		
2	3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <u>not</u> irritation; <u>not</u> annoyance</i> ):	Low agitation: 1 2 3 4 5	:High agitation
	I most need to take action when: _____		
4	4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ):	Low hopelessness: 1 2 3 4 5	:High hopelessness
	I am most hopeless about: _____		
5	5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ):	Low self-hate: 1 2 3 4 5	:High self-hate
	What I hate most about myself is: _____		
N/A	6) RATE OVERALL RISK OF SUICIDE:	Extremely low risk: 1 2 3 4 5 (will <u>not</u> kill self)	:Extremely high risk (will kill self)

- 1) How much is being suicidal related to thoughts and feelings about yourself? Not at all: 1 2 3 4 5 : completely
- 2) How much is being suicidal related to thoughts and feelings about others? Not at all: 1 2 3 4 5 : completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

The one thing that would help me no longer feel suicidal would be: Solving my problems

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### Section B (Clinician):

Y ☒ N Suicide plan: When: None  
Where: None  
How: None Y N Access to means  
How: None Y N Access to means

Y ☒ N Suicide Preparation Describe: No preparation, though pt owns firearms

Y ☒ N Suicide Rehearsal Describe: \_\_\_\_\_

Y ☒ N History of Suicidality  
• Ideation Describe: \_\_\_\_\_  
○ Frequency \_\_\_\_\_ per day \_\_\_\_\_ per week \_\_\_\_\_ per month  
○ Duration \_\_\_\_\_ seconds \_\_\_\_\_ minutes \_\_\_\_\_ hours

• Single Attempt Describe: \_\_\_\_\_

• Multiple Attempts Describe: \_\_\_\_\_

Y N Current Intent Describe: \_\_\_\_\_

Y N Impulsivity Describe: \_\_\_\_\_

Y N Substance abuse Describe: \_\_\_\_\_

Y N Significant loss Describe: \_\_\_\_\_

Y N Interpersonal isolation Describe: \_\_\_\_\_

Y N Relationship problems Describe: \_\_\_\_\_

Y N Health problems Describe: \_\_\_\_\_

Y N Physical pain Describe: \_\_\_\_\_

Y N Legal problems Describe: \_\_\_\_\_

Y N Shame Describe: \_\_\_\_\_

### Section C (Clinician):

OUTPATIENT TREATMENT PLAN (Refer to Sections A & B)

Problem #	Problem Description	Goals and Objectives Evidence for Attainment	Interventions (Type and Frequency)	Estimated # Sessions
1	<i>Self-Harm Potential</i>	<i>Outpatient Safety</i>	<i>Crisis Response Plan:</i>	
2				
3				

YES \_\_\_\_\_ NO \_\_\_\_\_ Patient understands and commits to outpatient treatment plan?

YES \_\_\_\_\_ NO \_\_\_\_\_ Clear and imminent danger of suicide?

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date