**Suicide Tracking Form**

**Section A (Patient):**
Rate each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, not stress, not physical pain*):
   - Low pain: 1 2 3 4 5 : High pain

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):
   - Low stress: 1 2 3 4 5 : High stress

3) RATE AGITATION (*emotional urgency; feeling that you need to take action; not irritation; not annoyance*):
   - Low agitation: 1 2 3 4 5 : High agitation

4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):
   - Low hopelessness: 1 2 3 4 5 : High hopelessness

5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):
   - Low self-hate: 1 2 3 4 5 : High self-hate

6) RATE OVERALL RISK OF SUICIDE:
   - Extremely low risk: 1 2 3 4 5 : Extremely high risk

**Section B (Clinician):**
Resolution of suicidality: □ 1st session □ 2nd session

**Complete Suicide Tracking Outcome Form after 3rd consecutive resolved session**

Y □ N □ Suicidal Thoughts?
Y □ N □ Suicidal Feelings?
Y □ N □ Suicidal Behaviors?

Patient Status:
- □ Discontinued treatment □ No show □ Referral to: _______________
- □ Hospitalization □ Cancelled □ Other: Weekly follow-up

### TREATMENT PLAN UPDATE

<table>
<thead>
<tr>
<th>Problem #</th>
<th>Problem Description</th>
<th>Goals and Objectives Evidence for Attainment</th>
<th>Interventions (Type and Frequency)</th>
<th>Estimated # Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-Harm Potential</td>
<td>Outpatient Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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</tbody>
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Patient Signature                  Date                  Clinician Signature Date

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