

CLINICIAN RATING OF CURRENT CONCERN ABOUT POTENTIAL SUICIDAL BEHAVIOR (13 May 2010 version)

This is a rating by the clinician of the relative importance of the prevention of suicidal behavior compared to other clinical priorities in the current management of the patient. When making the assessment the clinician should consider the factors listed below, identify any other factors that may be relevant to suicidal behavior for the particular patient, and then make a clinical judgment about the relative priority of preventing suicide compared to that of other goals in the current overall management of the patient. Thus the rating scale aims to help clinicians consider the role of suicide prevention as one of several potential goals of the clinical management of the patient; it is NOT intended as a prediction of the likelihood of subsequent suicidal behavior by the patient.

FACTORS TO CONSIDER IN MAKING THE RATING*

Long-term factors

- Any history of suicide attempt
- Any history of mental illness
- Any history of physical or sexual abuse
- Long-standing tendency to lose temper or to become aggressive with little provocation
- Chronic severe pain or disabling physical illness
- Past suicidal behavior in family member or close associate

Recent (within last 3 months) events

- Recent significant loss
- Recent psychiatric admission or discharge
- Recent first diagnosis of any Axis I or Axis II diagnosis
- Recent increase in alcohol abuse or worsening of depressive symptoms

Current (within last week) status

- Current preoccupation with, or plans for, suicide
- Current psychomotor agitation or marked anxiety
- Current prominent feelings of hopelessness
- Currently living alone

RATING SCALE:

0= **Lowest Concern** (no prior or current concern about suicidal behavior)

1= **Some Concern** (prior history of suicidal ideation or behavior but preventing suicidal behavior is not a focus of the current clinical management of the patient)

2= **Moderate Concern** (preventing suicidal behavior is a part of current clinical management but less important than other components of the treatment plan)

3= **High Concern** (preventing suicidal behavior is one of the main goals in the current clinical management of the patient)

4= **Imminent Concern** (preventing suicidal behavior is the most important goal in the current clinical management of the patient)

***NOTE:** There will be ongoing controversy about which items should and should not be included in this list. In the Field Trials each of the listed items should be coded as present or absent; this will provide data on the relative prevalence of these factors in the different groups of participants and of the correlation of these factors with clinicians' reported level of concern about suicidal behavior. In the final version some of the items could be deleted and others combined into single items based on the Field Trial results. In DSM-V it is likely that the clinician will be required to record the single 0-4 point rating for ALL patients and to indicate the presence or absence of specific items for a smaller subgroup of patients (e.g., those with specific diagnoses or those rated as 2-4).