

## **The Risk Assessment**

Please circle Yes or No for each question.

1. Have you had psychiatric hospitalization within the past year?  
Yes                      No
2. Have you had a recent or impending loss?  
Yes                      No
3. Do you have a history of impulsive or self destructive behavior?  
Yes                      No
4. Have you committed violence in the past year?  
Yes                      No
5. Do you have access to guns or other weapons?  
Yes                      No
6. Do you have a family history of suicide?  
Yes                      No
7. Are you feeling socially isolated and hopeless?  
Yes                      No
8. Do you have a chronic, terminal or painful medical disorder?  
Yes                      No
9. Are you newly diagnosed with serious medical problems?  
Yes                      No
10. Are you a male age 65 or older?  
Yes                      No
11. Have you had a history of physical or sexual abuse in childhood?  
Yes                      No
12. Are you currently feeling suicidal?  
Yes                      No
13. Are you currently having homicidal ideation?  
Yes                      No
14. Do you have good family support?  
Yes                      No