CAMS Suicide Status Form (SSF-5) First Session

Patient: _____ Clinician: _____ Date: _____ Time: _____

Section A (*Patient*):

Rate and fill out each item according to how you feel right now.
Then rank in order of importance 1 to 5 (1=most important to 5=least important).

Rank	
____	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** What I find most painful is: _____
____	2) RATE STRESS (*your general feeling of being pressured or overwhelmed*): **Low stress:** ① ② ③ ④ ⑤ **: High stress** What I find most stressful is: _____
____	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** I most need to take action when: _____
____	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** I am most hopeless about: _____
____	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** What I hate most about myself is: _____
N/A	6) RATE OVERALL RISK OF SUICIDE: **Extremely low risk: (will not kill self)** ① ② ③ ④ ⑤ **: 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: _____

_____

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CAMS Suicide Status Form (SSF-5) First Session

Section B (*Clinician*):

Ⓨ Ⓝ Suicide ideation Describe: _____

- Frequency _____ per day _____ per week ____ per month
- Duration _____ seconds _____ minutes ____ hours

Ⓨ Ⓝ Suicide plan When: _____
Where: _____
How: _____ Access to means Ⓨ Ⓝ
How: _____ Access to means Ⓨ Ⓝ

Ⓨ Ⓝ Suicide preparation Describe: _____

Ⓨ Ⓝ Suicide rehearsal Describe: _____

Ⓨ Ⓝ History of suicidal behaviors

- Single attempt Describe: _____
- Multiple attempts Describe: _____

Ⓨ Ⓝ Impulsivity Describe: _____

Ⓨ Ⓝ Substance abuse Describe: _____

Ⓨ Ⓝ Significant loss Describe: _____

Ⓨ Ⓝ Relationship problems Describe: _____

Ⓨ Ⓝ Burden to others Describe: _____

Ⓨ Ⓝ Health/pain problems Describe: _____

Ⓨ Ⓝ Sleep problems Describe: _____

Ⓨ Ⓝ Legal/financial issues Describe: _____

Ⓨ Ⓝ Shame Describe: _____

Section C (*Clinician*): **CAMS TREATMENT PLAN** (Refer to Sections A & B)

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*CAMS Stabilization Plan Completed* ☐	
2				
3				

YES ____ NO _____ Patient understands and concurs with treatment plan?
YES ____ NO _____ Patient at imminent danger of suicide (hospitalization indicated)?

_____ _____

Patient Signature Date Clinician Signature Date

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CAMS STABILIZATION PLAN

Ways to reduce access to lethal means:

1. _____

2. _____

3. _____

Things I can do to cope differently when I am in a suicide crisis:

1. _____

2. _____

3. _____

4. _____

5. _____

6. **Life or death emergency contact number:** _____

People I can call for help or to decrease my isolation:

1. _____

2. _____

3. _____

Attending treatment as scheduled:

Potential Barrier: Solutions I will try:

1. _____

2. _____

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Section D (*Clinician Post-Session Evaluation*):

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS:	ALERT DROWSY LETHARGIC STUPOROUS
	OTHER: _____
ORIENTED TO:	PERSON PLACE TIME REASON FOR EVALUATION
MOOD:	EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY
AFFECT:	FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE
THOUGHT CONTINUITY:	CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL
	OTHER: _____
THOUGHT CONTENT:	WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
	OTHER: _____
ABSTRACTION:	WNL NOTABLY CONCRETE
	OTHER: _____
SPEECH:	WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
	OTHER: _____
MEMORY:	GROSSLY INTACT
	OTHER: _____
REALITY TESTING:	WNL
	OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

CLINICAL JUDGEMENT: CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check and explain):

- ❑ None
- ❑ Mild
- ❑ Moderate
- ❑ Serious
- ❑ Extreme

Explanation: _____

_____

_____

_____

CASE NOTES:

_____

_____

_____

_____

_____

_____

Next Appointment Scheduled: _____ Treatment Modality: _____

_____ _____

Clinician Signature Date Supervisor Signature (if indicated) Date

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CAMS Suicide Status Form (SSF-5) Interim Sessions

Patient: _____ Clinician: _____ Date: _____ Time: _____ Sess# _____

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:** ①②③④⑤ **: High pain**
2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):	**Low stress:** ①②③④⑤ **: High stress**
3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):	**Low agitation:** ①②③④⑤ **: High agitation**
4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):	**Low hopelessness:** ①②③④⑤ **: High hopelessness**
5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):	**Low self-hate:** ①②③④⑤ **: High self-hate**
6) RATE OVERALL RISK OF SUICIDE:	**Extremely low risk: (will not kill self)** ①②③④⑤ **: Extremely high risk (will kill self)**

In the past week: Suicidal Thoughts/Feelings Y◯ N◯ Managed Thoughts/Feelings Y◯ N◯ Suicidal Behavior Y◯ N◯

Section B (*Clinician*):

Resolution of suicidality, if: current overall risk of suicide <3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings ☐ 1st session ☐ 2nd session

Complete **SSF Outcome Form at 3rd consecutive resolution session**

CAMS TREATMENT PLAN UPDATE

Patient Status:

☐ Continue CAMS ☐ Discontinue care ☐ No show ☐ Cancelled ☐ Hospitalization ☐ Referred/Other: _____

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*CAMS Stabilization Plan Updated* ☐	
2				
3				

_____ _____

Patient Signature Date Clinician Signature Date

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Section C *(Clinician Post-Session Evaluation):*

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS:	ALERT DROWSY LETHARGIC STUPOROUS
	OTHER: _____
ORIENTED TO:	PERSON PLACE TIME REASON FOR EVALUATION
MOOD:	EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY
AFFECT:	FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE
THOUGHT CONTINUITY:	CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL
	OTHER: _____
THOUGHT CONTENT:	WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
	OTHER: _____
ABSTRACTION:	WNL NOTABLY CONCRETE
	OTHER: _____
SPEECH:	WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
	OTHER: _____
MEMORY:	GROSSLY INTACT
	OTHER: _____
REALITY TESTING:	WNL
	OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

CLINICAL JUDGEMENT: CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check and explain):

- ❑ None
- ❑ Mild
- ❑ Moderate
- ❑ Serious
- ❑ Extreme

Explanation:_____

_____

_____

_____

CASE NOTES:

_____

_____

_____

_____

_____

_____

Next Appointment Scheduled: _____ Treatment Modality: _____

_____ _____

Clinician Signature Date Supervisor Signature (if indicated) Date

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CAMS Suicide Status Form (SSF-5) Outcome/Disposition Final Session

Patient: _____ Clinician: _____ Date: _____ Time: _____ Sess# _____

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:** ①②③④⑤ **: High pain**
2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):	**Low stress:** ①②③④⑤ **: High stress**
3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):	**Low agitation:** ①②③④⑤ **: High agitation**
4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):	**Low hopelessness:** ①②③④⑤ **: High hopelessness**
5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):	**Low self-hate:** ①②③④⑤ **: High self-hate**
6) RATE OVERALL RISK OF SUICIDE:	**Extremely low risk (will not kill self):** ①②③④⑤ **: Extremely high risk (will kill self)**

In the past week: Suicidal Thoughts/Feelings Y◯ N◯ Managed Thoughts/Feelings Y◯ N◯ Suicidal Behavior Y◯ N◯

Were there any aspects of your treatment that were particularly helpful to you? If so, please describe these. Be as specific as possible.

What have you learned from your clinical care that could help you if you became suicidal in the future?

Section B (*Clinician*):

Third consecutive session of resolved suicidality: ____ Yes ____ No (if no, continue CAMS interim care)

**Resolution of suicidality, if for third consecutive week: current overall risk of suicide <3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings

CAMS OUTCOME/DISPOSITION (Check all that apply):

___ Continuing outpatient psychotherapy ___ Inpatient hospitalization

___ Mutual termination ___ Patient chooses to discontinue treatment (unilaterally)

___ Referral to:_____

___ Other. Describe:_____

Next Appointment Scheduled (if applicable): _____

_____ _____

Patient Signature Date Clinician Signature Date

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Section C (*Clinician Outcome Evaluation*):

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS:	ALERT DROWSY LETHARGIC STUPOROUS
	OTHER: _____
ORIENTED TO:	PERSON PLACE TIME REASON FOR EVALUATION
MOOD:	EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY
AFFECT:	FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE
THOUGHT CONTINUITY:	CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL
	OTHER: _____
THOUGHT CONTENT:	WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
	OTHER: _____
ABSTRACTION:	WNL NOTABLY CONCRETE
	OTHER: _____
SPEECH:	WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
	OTHER: _____
MEMORY:	GROSSLY INTACT
	OTHER: _____
REALITY TESTING:	WNL
	OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

CLINICAL JUDGEMENT: CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check and explain):

- ❑ None
- ❑ Mild
- ❑ Moderate
- ❑ Serious
- ❑ Extreme

Explanation: _____

_____

_____

_____

CASE NOTES:

_____

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_____

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_____ _____

Clinician Signature Date Supervisor Signature (if indicated) Date

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