

ROAD TO MENTAL READINESS

Activity

Risk Factors, Warning Signs, and Protective Factors

Read each statement and indicate if you believe this is a
Risk Factor (R), **Warning Sign (W)**,
Protective Factor (P),
or **None Of The These (N)**.

None of the these
Protective Factor
Warning Sign
Risk Factor

- | | R | W | P | N |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Unusual focus on death, dying, or violence. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Recent changes in sleep patterns
(unable to sleep or sleeping all of the time). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. No reason for living, no sense of purpose in life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Restricted access to lethal means. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History of attempted suicide or self-harm. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Weakness of character. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Recently exposure to suicide by someone else. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Learned skills (such as problem-solving, conflict resolution,
anger management, impulse control, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Increase in reckless behaviour such as reckless driving, unsafe sex. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Access to appropriate medical and mental health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Feeling trapped, like there's no way out. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Suffering from a mental illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Supportive and caring family and friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. No hope for the future. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Sexual or physical abuse as a child. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Increased alcohol or drug use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Increased feelings of anxiety or agitation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Stable employment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Dramatic changes in mood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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None of the above
Protective Factor
Warning Sign
Risk Factor

21. Serious or chronic physical illness.	R	W	P	N
22. Cultural and religious beliefs that discourage suicide.	R	W	P	N
23. Feelings of hopelessness or helplessness.	R	W	P	N
24. Sense of calm after significant distress.	R	W	P	N
25. Good physical and emotional health.	R	W	P	N
26. Rage, anger, seeking revenge.	R	W	P	N
27. Lack of courage.	R	W	P	N
28. Withdrawing from friends, family or society.	R	W	P	N
29. Sense of purpose in life.	R	W	P	N
30. Upcoming Christmas or holiday season.	R	W	P	N
31. Exposure to trauma while on deployment.	R	W	P	N
32. Looking for ways to kill themselves: seeking access to pills, weapons, or other means.	R	W	P	N
33. Access to immediate and ongoing support and care.	R	W	P	N
34. Threatening to hurt or kill themselves.	R	W	P	N
35. Connectedness to community, family, friends.	R	W	P	N
36. Family history of suicide.	R	W	P	N
37. Suffering a recent loss such as losing a job or loss of a relationship.	R	W	P	N
38. Planning for the future.	R	W	P	N
39. Talking or writing about death, dying or suicide.	R	W	P	N

Please save and send this completed form to your facilitator.