Suicidal Behavior Diagnostic Assessment Worksheet

This worksheet provides a structured framework for assessing suicidal thoughts, plans, behaviors, intent, risk factors, protective factors, and potential diagnostic explanations. Suicidal behavior is a clinical concern that can occur in the context of many different psychiatric, medical, substance-related, trauma-related, and psychosocial conditions. It should be assessed independently rather than assumed to indicate a particular diagnosis.

This worksheet is for clinical education and documentation support and is not a substitute for a comprehensive suicide risk assessment, clinical judgment, or emergency intervention when indicated. If you are currently feeling suicidal, contact your local emergency room or dial 988.

Presenting Concern

Reason for assessment:

Current concern:
☐ Suicidal thoughts
☐ Suicidal plan
☐ Suicidal intent
☐ Preparatory behavior
☐ Suicide attempt
☐ Interrupted attempt
☐ Aborted attempt
☐ Recent self-harm
☐ History of suicidal behavior
☐ Concern expressed by another person
☐ Other: _____

Date of assessment: _____

Current Suicidal Ideation

Current suicidal thoughts: ☐ No ☐ Yes

If yes, describe:

Frequency: ☐ Occasional ☐ Intermittent ☐ Frequent ☐ Persistent

Intensity: ☐ Mild ☐ Moderate ☐ Severe

Duration of thoughts:

Ability to control or dismiss thoughts:

Reasons for wanting to die:

Reasons for wanting to live:

Suicide Plan

Current plan: ☐ No ☐ Yes ☐ Unclear

If yes, describe the nature of the plan:

Specific method identified: ☐ No ☐ Yes

Access to means: ☐ No ☐ Yes ☐ Unknown

Specific location identified: ☐ No ☐ Yes

Time or date contemplated: ☐ No ☐ Yes

Preparatory actions taken: ☐ No ☐ Yes

Others aware of plan: ☐ No ☐ Yes

Suicidal Intent

Current intent to act: ☐ None ☐ Low ☐ Moderate ☐ High ☐ Unclear

Has the person expected or desired death as an outcome?

☐ No ☐ Yes ☐ Unclear

Has the person taken steps toward carrying out the plan?

☐ No ☐ Yes

Has the person communicated intent to others?

☐ No ☐ Yes

Has the person written a suicide note or otherwise prepared for death?

☐ No ☐ Yes

Perceived likelihood of acting (patient's estimate, not clinician's):

History of Suicidal Behavior

Previous suicide attempts: ☐ None ☐ Yes ☐ Unknown

Number of attempts: _____

Most recent attempt: _____

Most medically serious attempt:

History of interrupted attempts: ☐ No ☐ Yes

History of aborted attempts: ☐ No ☐ Yes

History of preparatory behavior: ☐ No ☐ Yes

Previous emergency evaluation or hospitalization: ☐ No ☐ Yes

Circumstances surrounding previous behavior:

Nonsuicidal Self-Injury

History of NSSI: ☐ No ☐ Yes

Types of NSSI behavior:

Frequency: _____

Most recent occurrence: _____

Stated purpose:

☐ Emotion regulation
☐ Relief from psychological distress
☐ Self-punishment
☐ Dissociation interruption
☐ Interpersonal communication
☐ Other: _____

Suicidal intent associated with behavior: ☐ No ☐ Yes ☐ Unclear

Important distinction: Self-injury without suicidal intent does not eliminate suicide risk. Intent should be assessed separately for each episode when possible.

Current Risk Factors

Check all that apply:

☐ Current suicidal ideation
☐ Suicide plan
☐ Suicidal intent
☐ Access to lethal means
☐ Previous suicide attempt
☐ Recent increase in suicidal thoughts
☐ Recent major loss
☐ Relationship disruption
☐ Financial or occupational crisis
☐ Legal problems
☐ Social isolation
☐ Housing instability

☐ Chronic pain or serious medical illness
☐ Severe anxiety or agitation
☐ Severe depression
☐ Psychosis
☐ Mania or mixed mood state
☐ Substance intoxication
☐ Substance withdrawal
☐ Recent discharge from psychiatric hospitalization
☐ Impulsivity
☐ Feelings of hopelessness
☐ Feelings of burdensomeness
☐ Trauma exposure
☐ Family history of suicide
☐ Recent access to lethal means
☐ Other: _____

Protective Factors

☐ Desire to live
☐ Children or family responsibilities
☐ Supportive relationships
☐ Therapeutic relationship
☐ Future goals
☐ Religious or spiritual beliefs
☐ Sense of responsibility
☐ Problem-solving ability
☐ Willingness to seek help
☐ Engagement in treatment
☐ Stable housing
☐ Employment or meaningful activity
☐ Connection with community
☐ Reasons for living
☐ Other: _____

Strength and reliability of protective factors:

Differential Diagnostic Assessment

Suicidal behavior is not itself synonymous with a specific psychiatric diagnosis. Consider the following differential diagnoses and clinical conditions.

Major Depressive Disorder

Consider when suicidal ideation or behavior occurs with a sustained depressive syndrome characterized by depressed mood and/or loss of interest accompanied by other depressive symptoms.

Evidence supporting MDD:

☐ Depressed mood
☐ Anhedonia
☐ Sleep disturbance
☐ Appetite/weight changes
☐ Fatigue
☐ Psychomotor changes
☐ Feelings of worthlessness/guilt
☐ Concentration difficulties
☐ Recurrent thoughts of death
☐ Symptoms persist for at least 2 weeks
☐ Clinically significant impairment

Evidence against or complicating MDD:

Bipolar and Related Disorders

Assess carefully for a history of mania or hypomania, particularly when suicidal behavior occurs during severe depression, mixed features, agitation, or impulsive mood states.

☐ History of mania
☐ History of hypomania
☐ Decreased need for sleep
☐ Grandiosity
☐ Increased goal-directed activity
☐ Racing thoughts

☐ Impulsivity
☐ Mixed depressive and manic symptoms

Bipolar disorder considered: ☐ Yes ☐ No ☐ Further assessment needed

Schizophrenia Spectrum and Other Psychotic Disorders

Assess whether suicidal behavior is associated with psychosis.

☐ Delusions
☐ Command hallucinations
☐ Paranoia
☐ Disorganized thinking
☐ Severe functional deterioration
☐ Psychotic symptoms independent of mood episodes

Possible psychosis-related motivation:

Substance/Medication-Induced Disorders

Assess the temporal relationship between suicidal behavior and substance use, intoxication, withdrawal, or medication effects.

☐ Alcohol
☐ Stimulants
☐ Sedatives
☐ Opioids
☐ Cannabis
☐ Hallucinogens
☐ Other substances
☐ Medication-related effects

Symptoms occurred during intoxication or withdrawal: ☐ No ☐ Yes

Symptoms persist independently of substance effects: ☐ No ☐ Yes ☐ Unknown

Trauma- and Stressor-Related Disorders

Assess whether suicidal thoughts or behavior occur in the context of PTSD, complex trauma, acute stress, or adjustment difficulties.

☐ Trauma exposure
☐ Intrusive memories
☐ Avoidance
☐ Hyperarousal
☐ Dissociation
☐ Trauma-related shame or guilt
☐ Trauma-related hopelessness
☐ Recent traumatic stressor

Relationship between trauma symptoms and suicidality:

Borderline Personality Disorder

Consider when suicidal behavior or recurrent self-injury occurs within a persistent pattern of affective instability, interpersonal instability, identity disturbance, impulsivity, and fear of abandonment.

☐ Recurrent suicidal behavior or threats
☐ Recurrent NSSI
☐ Unstable relationships
☐ Fear of abandonment
☐ Identity disturbance
☐ Impulsivity
☐ Affective instability
☐ Chronic emptiness
☐ Intense anger
☐ Stress-related paranoia or dissociation

Determine whether suicidal behavior is primarily episodic within interpersonal crises or occurs as part of another mood or psychiatric disorder.

Other Personality Disorders

Consider whether suicidal behavior occurs in association with longstanding personality traits involving:

☐ Impulsivity
☐ Emotional dysregulation
☐ Perfectionism
☐ Dependency
☐ Avoidance
☐ Narcissistic injury
☐ Antisocial behavior
☐ Chronic interpersonal conflict

Relevant personality features:

Adjustment Disorder

Consider when suicidal thoughts or behavior develop in response to an identifiable psychosocial stressor and the overall presentation does not meet criteria for another disorder that better explains the symptoms.

Identifiable stressor:

Date of stressor: _____

Relationship between stressor and suicidal behavior:

Eating Disorders

Assess when suicidality occurs in the context of anorexia nervosa, bulimia nervosa, binge-eating disorder, or other eating pathology.

☐ Restriction
☐ Binge eating
☐ Purging
☐ Severe body-image disturbance
☐ Significant nutritional compromise
☐ Eating-disorder diagnosis established

Obsessive-Compulsive Disorder

Differentiate suicidal obsessions from suicidal intent.

Possible suicidal obsession:

☐ Intrusive and unwanted
☐ Ego-dystonic
☐ Causes fear rather than desire
☐ Repetitive/compulsive
☐ No desire or intent to die

If intent or desire to die is present, conduct a separate suicide risk assessment regardless of possible OCD.

Neurocognitive Disorders

Assess for cognitive impairment, disorientation, impaired judgment, behavioral changes, or inability to reliably participate in safety planning.

☐ Cognitive impairment
☐ Memory impairment
☐ Impaired judgment
☐ Disorientation
☐ Dementia/neurocognitive disorder
☐ Delirium

Medical Conditions

Consider medical conditions that may contribute to depression, pain, agitation, cognitive changes, or impaired functioning.

☐ Chronic pain
☐ Neurological condition
☐ Endocrine disorder
☐ Serious or terminal illness
☐ Sleep disorder
☐ Medication side effects
☐ Other medical condition: _____

Medical evaluation needed: ☐ No ☐ Yes

Psychosocial and Environmental Contributors

☐ Relationship loss
☐ Death of loved one
☐ Divorce/separation
☐ Financial crisis
☐ Job loss
☐ Academic difficulties
☐ Legal problems
☐ Housing instability
☐ Social isolation
☐ Family conflict
☐ Abuse or neglect
☐ Trauma exposure
☐ Caregiver stress
☐ Retirement or major life transition
☐ Other: _____

Primary psychosocial contributors:

_____

_____

_____

Clinical Formulation

Current suicidal ideation:

☐ Absent
☐ Passive thoughts of death
☐ Active ideation without plan
☐ Active ideation with plan

☐ Active ideation with intent
☐ Recent suicidal behavior

Overall clinical risk formulation:

Primary diagnosis or diagnoses:

Conditions considered in differential diagnosis:

Factors supporting the primary formulation:

Factors requiring further assessment:

Immediate Clinical Considerations

☐ Further suicide risk assessment required
☐ Collaborative safety planning indicated
☐ Increased clinical monitoring indicated
☐ Support person/collateral contact appropriate, consistent with applicable law and ethics
☐ Restriction of access to lethal means should be discussed
☐ Psychiatric evaluation indicated
☐ Emergency evaluation indicated
☐ Higher level of care considered
☐ Routine outpatient follow-up appropriate based on comprehensive assessment

Safety Planning

Warning signs:

Internal coping strategies:

People and places that provide distraction or support:

People to contact for help:

Professional/crisis resources:

Steps to reduce access to lethal means:

Reasons for living:

Final Clinical Summary

Suicidal behavior should be conceptualized within the person's broader clinical and environmental context. The presence of suicidal ideation or behavior does not, by itself, establish major depressive disorder, bipolar disorder, borderline personality disorder, PTSD, or any other specific diagnosis. The clinician should determine whether suicidality is associated with a psychiatric disorder, substance or medication effects, a medical condition, acute psychosocial stress, or multiple interacting factors. Differential diagnosis should be based on the full longitudinal clinical picture rather than on suicidal behavior alone.

Disclaimer: This worksheet is for informational and clinical-education purposes only and is not a substitute for a comprehensive suicide risk assessment or diagnosis by a qualified mental health professional. Suicidal thoughts, plans, intent, or behavior require appropriate clinical evaluation. When there is imminent danger or uncertainty about immediate safety, seek emergency professional assistance.