NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ● Yes ○ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ● Yes ○ No
3. **In the past week, have you been having thoughts about killing yourself?** ● Yes ○ No
4. **Have you ever tried to kill yourself?** ● Yes ○ No

   If yes, how? client took 63 pills and overdosed. (2023) Bleach (2020), cutting neck (2021)

   When? 2023, 2021, 2020

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ○ Yes ● No

   If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen*).
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation.** Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ■ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a** brief **suicide safety assessment to determine if a** full **mental health evaluation is needed.** Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

Mental Status Exam

Client Name	Date

OBSERVATIONS

Appearance	☒ Neat	☐ Disheveled	☐ Inappropriate	☐ Bizarre	☐ Other
Speech	☒ Normal	☐ Tangential	☐ Pressured	☐ Impoverished	☐ Other
Eye Contact	☒ Normal	☐ Intense	☐ Avoidant	☐ Other	
Motor Activity	☒ Normal	☐ Restless	☐ Tics	☐ Slowed	☐ Other
Affect	☒ Full	☐ Constricted	☐ Flat	☐ Labile	☐ Other

Comments: Client seems to be in a good mood

MOOD

☐ Euthymic ☒ Anxious ☐ Angry ☐ Depressed ☐ Euphoric ☐ Irritable ☐ Other

Comments: Client is anxious and rocks back and forth

COGNITION

Orientation Impairment	☒ None	☐ Place	☐ Object	☐ Person	☐ Time
Memory Impairment	☒ None	☐ Short-Term	☐ Long-Term	☐ Other	
Attention	☒ Normal	☐ Distracted	☐ Other		

Comments: Normal cognition

PERCEPTION

Hallucinations	☒ None	☐ Auditory	☐ Visual	☐ Other
Other	☒ None	☐ Derealization	☐ Depersonalization	

Comments: No hallucinations

THOUGHTS

Suicidality	☒ None	☐ Ideation	☐ Plan	☐ Intent	☐ Self-Harm
Homicidality	☒ None	☐ Aggressive	☐ Intent	☐ Plan	
Delusions	☒ None	☐ Grandiose	☐ Paranoid	☐ Religious	☐ Other

Comments: No intrusive thoughts

BEHAVIOR

☒ Cooperative ☐ Guarded ☐ Hyperactive ☐ Agitated ☐ Paranoid
☐ Stereotyped ☐ Aggressive ☐ Bizarre ☐ Withdrawn ☐ Other

Comments: Client willing participate

INSIGHT	☒ Good	☐ Fair	☐ Poor	Comments: Normal
JUDGMENT	☒ Good	☐ Fair	☐ Poor	Comments: Normal

Noticing	Interpreting	Responding	Reflecting
Why did you choose this **additional assessment**? What did you notice during your **additional assessment** of the client? Were there any assessments that were abnormal or that stood out to you? I chose this assessment because this client tried to kill herself. She feels alone and suffers from depression. I noticed that she talks down about herself alot and feels like no one likes her. for her to have these bad thoughts She seems to be in a good mood. Looks can be deceiving	If something stood out to you or it was abnormal, explain its potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so – briefly explain. Nothing abnormal stood out to me. She seems to be trying to get better and do better. She doesnt want to hurt her self any more. She just doesnt want to be alone anymore and she wants her mom back.	What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? As a nursing student I can encourage her to find a way to express herself so she doesnt feel like she has to bottle everything in. like journaling or maybe find someone she can talk to. I sat and talked with her and that made her feel better. As a nurse I could check on her and make sure she is taking her meds. she needs to see a therapist	What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction. I learned that this client has alot of thoughts going through her mind and she needs to express herself I sat and listened to her talk and I feel like that made her feel better. I feel like she needs a therapist, so she can get help through her childhood trauma

Reflection Assignment

Noticing	Interpreting	Responding	Reflecting
What did you notice during your **mental status examination** of the client? Were there any assessments that were abnormal or that stood out to you? I noticed that the client seemed to be in a better state of mind than when she first got here. She open and wants to talk about her feelings and thoughts. She is trying to understand why she thought that ending her life was the right thing to do at one point.	If something stood out to you or it was abnormal, explain it's potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so – briefly explain. Nothing abnormal stood out. She was here for trying to Kill herself by over dose but now She doing SO much better and wants to live for her mom and sister.	What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? What therapeutic communication techniques did you utilize? As a nursing student I can be a listening ear for her to vent. I can show her that I care about her and what she's been through. As a nurse I would want to know more about what she has been through and make sure She doesn't feel alone, as well as making sure is she taking her medication as prescribed by the doctor. I uthlize eye contact, listening and having an open poster so she felt like she could talk to me.	What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction. I learned that some of the behaviors IVE seen are cries for help. I will always allow my clients to talk to me about what they are feeling, sharing makes them feel better. some of them feel misunderstood and alone and just wants someone to listen to them.