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Individual Risk Assessment

Value of Colum's	3	2	1	0
1. How strong is your desire to live?	None	Weak	Moderate	Strong
2. How strong is your desire to die?	Strong	Moderate	Weak	None
3. Do you have more reasons to live or to die?	-	Die	Equal	Live
4. Are you thinking of harming yourself right now?	Yes	-	-	No
5. How often do you think about harming yourself?	Always	Sometimes	Rarely	Never
6. Are these thoughts intrusive or disruptive?	Always	Sometimes	Rarely	Never
7. How long do these thoughts last?	Constant	Long Time	Briefly	None
8. How likely are you to act upon these thoughts?	I will	Highly	Slightly	None
9. Do you have a plan for harming yourself? <i>(Must describe below)</i>	Yes	-	-	None
10. Did you ever attempt suicide in the past? <i>(Must describe below)</i>	Yes	-	-	No
Comments:	Total Score			

Has anyone in your family or any of your friends attempted suicide? ___Yes ___No

Has anyone in your family or any of your friends completed a suicide? ___Yes ___No

Do you own or have access to firearms? ___Yes ___No

Firearms safety plan (if applicable): _____

History of homicidal thoughts : No Yes (explain): _____

History of violence: No Yes (explain): _____