

# DANGER CHECKLIST

## Assessment of Immediate Danger

### Do you have Suicidal Ideation or Thoughts?

Have you ever thought of hurting or killing yourself?

If so, when?

### Do you have a Suicidal Plan?

What is your intent?

What method would you use?

How lethal is this method?

What preparations have you made?

Is there a date of time in mind?

Would anyone be likely to find you? How soon?

Have you told anyone about this plan?

Have you written a note? Do you plan to write a note?

### Have you previously tried to hurt or kill yourself?

When did this occur?

What did you do?

What were the circumstances?

Did you see a doctor or nurse for any injuries?

Did you tell anyone? Who? When?

A friendly mnemonic:

**T**houghts

**I**ntent

**M**ethod

**E**xperience

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Assessment of Current Situation (CIRCUMSTANCES)

# WARNING SIGNS CHECKLIST

## Identification of Known Risk Factors

### AFFECTIVE SIGNS

- Sad or depressed
- Crying
- Moody
- Extreme Irritability
- Complaints of feeling rotten inside
- Hopelessness
- Agitation
- Lack of experiencing pleasure

### BEHAVIORAL SIGNS

- Sudden behavior changes
- Withdrawing from friends
- Giving away possessions
- Putting affairs in order
- Threatening to hurt oneself
- Neglect of appearance
- Impaired school performance
- Frequent tardiness/absences

### COGNITIVE SIGNS

- Preoccupation with death
- Writing artwork about death or suicide
- References to going away
- Impaired concentration
- Threatening to hurt oneself
- Tunnel vision

### PHYSICAL SIGNS

- Frequent complaints
- Frequent headaches
- Sleep problems
- Appetite problems
- Fatigue

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