

Norris-Williams Suicide Risk Assessment Tool

www.PreventSuicide.info

If any of these are CHECKED - ASSUME IMMINENT RISK until proven otherwise!

- | | | |
|--|--|--|
| <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Persistent Suicidal Ideations | <input type="checkbox"/> Acute Mental Health State |
| <input type="checkbox"/> Acute Psychotic State | <input type="checkbox"/> Refusing to Safety Plan | <input type="checkbox"/> Homicidal Ideations |
| <input type="checkbox"/> Intoxication | <input type="checkbox"/> Acute Precipitating Event | |

ACUTE Preparatory Factors

- | | |
|--|--|
| <input type="checkbox"/> Recent Discharge from Medical-Psychiatric-SubAbuse Facility | <input type="checkbox"/> Current Substance Use |
| <input type="checkbox"/> Preparatory Acts Described by Self/Family/Friends | <input type="checkbox"/> Current Depressive Disorder |
| <input type="checkbox"/> Hopelessness/Helplessness | <input type="checkbox"/> Current Affective Disorder |
| <input type="checkbox"/> Agitation/Racing thoughts | <input type="checkbox"/> Current Anxiety Disorder |
| <input type="checkbox"/> Feeling Trapped | <input type="checkbox"/> Current Sexual Abuse Victim |
| <input type="checkbox"/> No Purpose/Perceived Burden | <input type="checkbox"/> PTSD (Diagnosis/Treatment/PE/CBT) |
| <input type="checkbox"/> Guilt/Shame | <input type="checkbox"/> Current Firearm Access |
| <input type="checkbox"/> Personality Disorder | |
| <input type="checkbox"/> Unemployed/Homeless | |
| <input type="checkbox"/> Aggressive/Highly Impulsive Behavior | |
| <input type="checkbox"/> Impulse Control Problems | |
| <input type="checkbox"/> Self-Directed Violence (SDV) Non-Suicidal | |

2 or Less: Consider LOW ACUTE RISK
3 to 6: Consider MODERATE ACUTE RISK
7+ : CONSIDER HIGH ACUTE RISK

ADD
NUMBER
CHECKED

CHRONIC Preparatory Factors

- | |
|--|
| <input type="checkbox"/> Hx Substance Use |
| <input type="checkbox"/> Hx Depressive Disorder |
| <input type="checkbox"/> Hx Affective Disorder |
| <input type="checkbox"/> Hx Anxiety Disorder |
| <input type="checkbox"/> Hx Sexual Abuse Victim |
| <input type="checkbox"/> Chronic Health History (HIV/COPD/Cancer/MS) |
| <input type="checkbox"/> PTSD Diagnosis (Treatment/PE/CBT) |
| <input type="checkbox"/> Social Withdrawal/Leaving Friends/Geographic Isolation |
| <input type="checkbox"/> Sleep Disturbance (Nightmares/Apnea/Insomnia/Night Terrors) |
| <input type="checkbox"/> Barriers to Healthcare |

0-1: Consider LOW CHRONIC
2-3: Consider MODERATE CHRONIC
4+: Consider HIGH CHRONIC

ADD
NUMBER
CHECKED

NON-MODIFIABLE RISK FACTORS

- | |
|--|
| <input type="checkbox"/> LOSS OF: Spouse/Girlfriend/Boyfriend/Relationship |
| <input type="checkbox"/> FINANCIAL PRESSURE: Bills/Child-support/Foreclosure |
| <input type="checkbox"/> SUICIDE OF: Relative/Famous person/Friend |
| <input type="checkbox"/> LOSS OF: Status/Respect/Rank/Job/Career |
| <input type="checkbox"/> VICTIM OF: Criminal Activity/Assault/Rape/ID Theft |
| <input type="checkbox"/> LEGAL ISSUES: DUI/Arrest/Conviction/Incarceration |
| <input type="checkbox"/> MEDICALDIAGNOSIS: Cancer/STD/HIV/COPD/MS |
| <input type="checkbox"/> RECENT INJURIES: Accidents/Auto Crash /Hurt on Job |

2+ :Consider Increasing ACUTE RISK

4+ :Increase ACUTE RISK

ADD
NUMBER
CHECKED

MILITARY PERSONNEL

- | |
|--|
| <input type="checkbox"/> Adverse Deployment Experience |
| <input type="checkbox"/> Deployment to/in Combat Theater |
| <input type="checkbox"/> Disciplinary Action/UCMJ/NJP/Reduction in rank |
| <input type="checkbox"/> Career Threatening Change in Fitness for Duty |
| <input type="checkbox"/> Perceived Betrayal or Injustice by Union or Command |
| <input type="checkbox"/> Transfer Duty Station |
| <input type="checkbox"/> Administrative Separation from Unit |

MILITARY PERSONNEL

- | |
|--|
| <input type="checkbox"/> Upcoming Deployment |
| <input type="checkbox"/> Deployed Veteran |
| <input type="checkbox"/> Combat Veteran |

4+ :Consider Increasing ACUTE RISK

ADD
NUMBER
CHECKED

NON-MODIFIABLE RISK FACTORS

- | |
|---|
| <input type="checkbox"/> AGE: Under 21/Over 50 |
| <input type="checkbox"/> Male |
| <input type="checkbox"/> LGBT |
| <input type="checkbox"/> Sexual Trauma |
| <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> High School Diploma Only |
| <input type="checkbox"/> Cultural/Religious Beliefs |
| <input type="checkbox"/> Divorced/Widowed/Separated |
| <input type="checkbox"/> Family Hx Suicide Attempts/Ideation |
| <input type="checkbox"/> Child Abuse Victim (Sexual-Physical-Psychological) |

5 + :Consider Increasing CHRONIC RISK

8+ :Increase CHRONIC RISK

ADD
NUMBER
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CHRONIC Protective Factors

- | |
|---|
| <input type="checkbox"/> Intact Family System |
| <input type="checkbox"/> Supportive Spouse |
| <input type="checkbox"/> Constructive Hobbies |
| <input type="checkbox"/> Stable Living Situation |
| <input type="checkbox"/> Healthcare Insurance |
| <input type="checkbox"/> Responsibility for Children |
| <input type="checkbox"/> Spiritual/Religious Affiliation |
| <input type="checkbox"/> Current Primary Care Provider |
| <input type="checkbox"/> Very Active in Religious Community |
| <input type="checkbox"/> Financial Security/Stable Employment |
| <input type="checkbox"/> Prior Mental-Health Visits or Counselor. |

6+ :Consider Reducing CHONIC RISK One Level.

ADD
NUMBER
CHECKED

☐ Imminent Risk: **** HOSPITALIZE ****

CHRONIC RISK: ☐ High ☐ Moderate ☐ Low

ACUTE RISK: ☐ High ☐ Moderate ☐ Low

Consider Hospitalization if: ACUTE RISK is HIGH

Consider Hospitalization if: ACUTE RISK is MODERATE and CHRONIC RISK is HIGH

COMMENTS:

Name/Date/Signature

MEDICATIONS

- | |
|---|
| <input type="checkbox"/> Celexa-Effexor-Paxil-Prozac-Remeron |
| <input type="checkbox"/> -Wellbutrin-Zoloft |
| <input type="checkbox"/> Ambien/Lunesta |
| <input type="checkbox"/> Doxepin/Gabapentin |
| <input type="checkbox"/> Hydroxyzine/Klonodine |
| <input type="checkbox"/> Trazadone/Tramadol |
| <input type="checkbox"/> Prazosin (for nightmares) |
| <input type="checkbox"/> Seroquel/Abilify/Lithium |
| <input type="checkbox"/> Xanax/Buspar/Clonazepam/Ativan |
| <input type="checkbox"/> Haldol/Risperdol/Stellazine/Thorazine |
| <input type="checkbox"/> Oxy/Hydrocodone/Hydromorphone/Fentanyl |
| <input type="checkbox"/> Other: _____ |