

Suicide Prevention, Sample Interview Questions and Possible Interpretation of Associated Suicide Risk

Points to Consider:

- Acute depression is a significant indicator of suicide.
- Under warning signs and risk factors, the elements of suicidal ideation, plan, behaviours and intent are critical in evaluating the risk of suicide.
- In the absence of these indicators of suicide risk, the presence of other factors can still place the person at an increased current risk of suicide. However, determining the level of risk requires a greater degree of clinical judgement. For example, recent hospitalization in a mental health facility and limited psychosocial support may increase the risk level of suicide.
 - ***Bolded and italicized entries below offer possible interpretation of the associated current risk of suicide.***
 - ***Prior to asking these questions, begin the therapeutic interview with open-ended questions (which should start during triage). For example: what brought you to the hospital today?***
 - ***Please access “Suicide Assessment, Intervention, and Monitoring” on LMS for clarification on appropriate questions to use.***

Questions:

1. **Over the past 2 weeks, have you thought of killing yourself? If yes,**
 - How often have you thought about it over the last two to four weeks?
 - How long do these thoughts last?
 - ***Isolated and fleeting = low risk; periods of persistent thoughts = moderate risk; constant and persistent = high/very high risk***
2. **Do you want to die?**
 - ***Isn't sure/waiting to see = moderate risk; wants to die = high/very high risk***
 - Are your affairs in order?
3. **Do you have a plan? If yes, moderate to high risk**
 - Can you describe your plan? (To determine specificity of the plan and availability of the method.)
 - ***If possibilities considered but not defined = moderate risk;***
 - ***If planned and method defined = high/very high risk***
 - ***If method is ready and attainable = very high current risk of suicide***
4. **Over the past 2 weeks, have you felt down, depressed or hopeless?**
 - ***Use the depression screening tool on page 2 of the Suicide Screening, Risk Assessment and Care Planning form to further inform the level of depression, which impacts risk for suicide.***
5. **How have you been feeling lately? (e.g.: angry, sad, trapped)**
 - Are you feeling more anxious or agitated lately?
 - How have you been sleeping?
6. **Has there been any change lately in how much alcohol you have been drinking or how many sedatives/other drugs you have used?**
7. **Have you recently experienced a death or a separation from someone important in your life?**
8. **Has the amount of time you have been spending with your family or friends changed recently?**