

VA Comprehensive Suicide Risk Evaluation (CSRE)

Suicidal Thoughts:

Patient: _____ Date: _____

- When was most recent occurrence? _____
 - Describe the thoughts: _____

 - Frequency: _____
 - Does/Did the Veteran have a plan? __No __Yes
 - If Yes, Describe: _____
 - Access to lethal means? __No __Yes
 - If Yes, Describe: _____
 - Does/Did the Veteran have intent? __No __Yes
 - If Yes, Describe: _____
 - Option to include details about SI not already noted: _____

Suicide Attempts:

- Has the Veteran ever made a prior suicide attempt? __No __Yes
 - If yes, How many? _____
 - When was most recent? _____
 - Means used in most recent? _____
 - Did they receive care treatment following attempt?
 - Where? _____
 - How long? _____
 - Was attempt interrupted? __No __Yes, by self __Yes, by other(s)
 - If Yes, Describe: _____
 - Was Veteran injured? __No __Yes
 - If Yes, Describe: _____
 - Was most recent attempt the most lethal attempt? __No __Yes
 - If No, what was the most lethal attempt? When did it occur and what treatment, if any was sought and/or received?

- Has the Veteran ever engaged in preparatory suicidal behavior (aside from prior attempts)?
__No __Yes *If Yes, Describe: _____

Warning Signs (Select all that have ever been present)

- Direct Warning Signs
 - ___ Preparations for Suicide
 - ___ Seeking access or Recent Use of Lethal Means
 - ___ Suicidal Communication
 - ___ Other: _____

- Indirect Warning Signs

Anger

Anxiety

Feeling Trapped

Guilt or Shame

Hopelessness

Mood Changes

Purposelessness

Recklessness

Sleep Disturbance

Social Withdrawal

Substance Use

Other: _____

- Additional Warning Signs: _____

Risk Factors (“Comment” or “Please describe” free text box opens for any items checked)

Access to Lethal Means (e.g., firearms, large quantities of meds)

Financial Problems (e.g., unemployment)

History of MH hospitalization(s): (include dates, reasons for admit, duration)

History of Suicide Attempt(s)

Homelessness

Legal Problems (DUI, incarceration, civil vs. criminal)

Losses (e.g., loss of a loved one or relationship)

Medical Conditions and Health-Related Problems (e.g., TBI, HIV/AIDS, insomnia, chronic pain)

Preexisting Risk Factors (e.g., history of trauma, family history of suicide attempt)

Psychological Conditions (e.g., mood or affective d/o, personality d/o, substance use d/o, psychosis)

Social/Systemic Problems (e.g., conflicted relationships, issue accessing care, change in level of care)

Other: _____

Protective Factors and Reasons for Living

Access to and Engagement with Health Care (e.g., supportive medical and MH care relationships)

Interpersonal Relationship (e.g., child-related responsibilities, strong bond to family members)

Positive Personal Traits or Beliefs (e.g., help seeking, religious or cultural beliefs against suicide, cognitive flexibility)

Social Context Support System (e.g., community support, family responsibilities)

Other: _____

Clinical Impressions:

- **Clinical Impression of Acute Risk** (minutes to days):

___ **High Risk** (Essential Features: SI with intent to die by suicide and inability to maintain safety independent of external support/help. Note: Additional warning signs/risk factors could include recent (90 days or less) prep behavior or attempts, acute psych conditions or symptoms, acute psychosocial stressors, and/or insufficient protective factors or inability to identify reasons to live).

___ **Intermediate Risk** (Essential Features: Current suicidal ideation without intent and ability to maintain safety without external support/help. Note: Often same as above, but without intent due to identified reasons for living, meaningful protective factors, and an ability to utilize a safety plan and maintain safety on own. Prep behaviors are likely to be absent).

___ **Low Risk** (Essential Features: No current SI AND no suicidal plan AND no prep behaviors AND collective high confidence (patient, care provider, family) in the ability of the patient to maintain safety. Note: Might have SI, but without plan or intent. If plan is present the plan is general and/or vague. Capable of engaging appropriate coping strategies and willing/able to use safety plan if intent develops).

- **Clinical Impression of Chronic Risk** (long-term):

___ **High Risk** (Essential Features: Chronic psych conditions; hx of prior attempts; hx of substance abuse/dependence; chronic pain; chronic SI; chronic medical condition; limited coping skills; unstable or turbulent psychosocial status (e.g., unstable housing, erratic relationships, marginal employment); limited ability to identify reasons for living.

___ **Intermediate Risk** (Essential Features: Similar to above, but protective factors, coping skills, reasons for living, and relative psychosocial stability suggest a fairly enhanced ability to endure future crisis without resorting to SDV.

___ **Low Risk** (Essential Features: Can range from those having either no hx (or minor hx) of MH/SUD issues to persons with significant MH that is associated with abundant strengths/resources. Stressors have historically been endured without SI. The following factors will usually be missing: hx of SDV, chronic SI, tendency towards highly impulsive risky behaviors; severe, persistent mental illness; marginal psychosocial functions).