

# Full Circle Risk Assessment

Client Name:

Date:

Current Symptoms Reported:

Distress Level (0 - 10):

0 1 2 3 4 5 6 7 8 9 10

Current Stressors:

History of Impulsivity:

Recent Impulsivity:

Suicidal/Self-Harm Thoughts:

Current:

- When did they start?

- What makes them worse? Better?

- What keeps you from acting on them?

History:

- How long have you had self-harm/suicidal thoughts?

History of self-harm/suicidal behavior:

Episode One:

Date:

Context:

Thoughts, Gesture, Rehearsal, Attempt, Repeated Attempts

How were you saved?

Client perception of lethality of incident

Therapist Assessment of lethality:

Episode Two:

Date:

Context:

Thoughts, Gesture, Rehearsal, Attempt, Repeated Attempts

How were you saved?

Client perception of lethality of incident  
Therapist Assessment of lethality:

Episode Three:

Date:

Context:

Thoughts, Gesture, Rehearsal, Attempt, Repeated Attempts

How were you saved?

Client perception of lethality of incident

Therapist Assessment of lethality:

(Document other episodes on back until all are explored.)

Self-Harm/Suicidal Thoughts:

What are the nature of your thoughts?

Do you have a plan?

Means?

Action Impulses?

Preparation?

Degree of executing?

Other plans?

Continue asking about other plans until there are no more.

Rating Questions:

1. Psychological Distress

0 1 2 3 4 5 6 7 8 9

2. Agitation Level

0 1 2 3 4 5 6 7 8 9

3. Hopelessness

0 1 2 3 4 5 6 7 8 9

4. Self-Hate

0 1 2 3 4 5 6 7 8 9

5. Intentionality for Self-Harm and Suicidality

0 1 2 3 4 5 6 7 8 9

6. Commitment to Safety

0 1 2 3 4 5 6 7 8 9

Protective Factors:

- 1.
- 2.
- 3.
- 4.
- 5.

Plan:

Does this person need hospitalization?

If not, what is the plan to ensure safety?

Will you and client complete safety partnership?

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(Printed Name &

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Signature of Interviewer)

Date: \_\_\_\_\_