

Student Name: _____ Date Form Completed: _____

Suicide Warning Signs Checklist

ACTIONS/BEHAVIORS	
Giving away possessions	
Withdrawal (family, friends, school, work)	
Loss of interest in hobbies, says "I'm bored"	
Alcohol or drug use	
Reckless or rebellious behavior; engages in risky activities	
Impulsivity	
Self-mutilation	
Irritable or agitated	
Cries frequently	
Change in peer group (e.g., begins associating with more troubled peers and/or seems withdrawn from usual friends)	
Wears somber or dark clothing (especially if this is a change in usual dress/attire)	
Always trying to please others; perfectionist	
Blames self for causing a divorce or death	
Drop in grades or skips school	
Can't concentrate, takes much longer to get work done	
Talks, writes, draws, or asks about death, dying, or suicide	
Wants to join a person in heaven	
Too tired to work, play, or cope with conflict	
Preoccupation with violence (music, writings, drawings)	
Gets in trouble with the law	
Behaving to get negative attention	
Becoming pregnant early in life	
Sudden interest/disinterest in religion	
Sudden happiness	
Putting affairs in order	
Describes self as "bad" or "stupid"	
Seeks access to guns, pills	

PHYSICAL	
Change/loss of appetite/weight	
Disturbed sleep; change in sleep patterns (e.g., too much or too little)	
Lack of interest in appearance/decline in hygiene	
Physical health complaints (headaches, stomachaches)	
Exhaustion	

STRESSFUL EVENTS	
Move to a new home/neighborhood	
Fired from a job	
Expulsion or trouble with the law	
Death of a loved one	
Diagnosis of serious illness (self or family member)	
Exposure to suicide and violence	
Overwhelmed or worried about school work or school performance	
Relationship ended	
Recent change in family dynamics (e.g., parental separation/divorce)	

FEELINGS	
Desperation	
Rage/Anger / Seeking Revenge	
Guilt	
Worthlessness	
Loneliness	
Sadness	
Hopeless or no sense of purpose	
Helpless	
Shame	
Disconnected / isolated	
Anxiety / agitation	
Feeling trapped – like there's no way out	

THOUGHTS	
"I won't be needing these things anymore"	
"Now I know what they were going through"	
"I just can't keep my thoughts straight anymore"	
"I can't do anything right"	
"I just can't take it anymore"	
"I wish I were dead"	
"Everyone will be better off without me"	
"All of my problems will end soon"	
"No one can do anything to help me now"	
"I hate my life"	

SUMMARY / NOTES	
LEVEL OF RISK	
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High	
NOTES:	

Adapted from ASIST (Living Works) and Wolfe, 1997

This form should be kept in the specialist or administrative working file