

LCPS Resource Information Sheet

	High	Medium	Low
Plan of Suicide			
Time Frame	Today	Within 7 days	Maybe sometime
Method	Thought out	Has an idea	Unclear
Availability	Has means	Can get it	Not readily available
Location	Picked location	Knows some places	Not planned
Mood	Upset	Unsettled	Calm
	Crying/agitated	Irritable/distracted	In control
	Severely depressed	Moderately depressed	Situational sadness
Behaviors			
Eating Pattern	Overeating/No appetite	Appetite	Normal
Health	Body aches	No energy	Listless
Isolation	Wants to be alone	Alone at times	No
Reckless	Risk taking history	Considers risks	Safe behaviors
Sleeping Patterns	Excessive sleep/ Unable to sleep	Overly tired/ Restless sometimes	Rarely has sleep problems
Talks/Jokes of Death	States desire for death	Has made comments	No comments made
Possessions	Giving away	Planning on giving away	No plans for possessions
Feelings			
Suicidal	Now	Has felt in past	No
Helpless	Always/nothing	Sometimes helps	No
Restless	Yes/can't focus	Easily distracted	No
Worthless	Constantly	Sometimes	No
Chemical Use/Abuse			
Drugs	Daily	Regularly	Experimented
Alcohol	Daily	Regularly	Experimented
Previous Suicide Attempt			
Number of Attempts	Several	One	None
Time Frame of Attempts	Within last 4 weeks	Last 4-6 months	Past year or longer
Loss (or Trauma)			
Real	In past month	Within past 3 mos.	None
Perception	Actually happened	Just realized	Thinks it happened
Psychiatric Care			
Current	Hospitalized within past 3 months	Under care	None
Past	Within 3 months	Within 6 months	None