

Patient _____ Clinician _____ Date: _____ Time _____

Rate and fill out each item according to how you feel right now. Then rank in order of importance 1 to 5 (1 = most important to 5 = least important)

1) How much is being suicidal related to thoughts and feelings about yourself? **Not at all:** 1 2 3 4 5 ; **completely**

2) How much is being suicidal related to thoughts and feeling about others? **Not at all:** 1 2 3 4 5 ; **completely**

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING

The one thing that would help me no longer feel suicidal would be: _____

Section B (Clinician):

Y N Suicide ideation Describe: _____
 • Frequency _____ per day _____ per week _____ per month
 • Duration _____ seconds _____ minutes _____ hours

Y N Suicide plan When: _____
 Where: _____
 How: _____ Access to means Y N
 How: _____ Access to means Y N

Y N Suicide preparation Describe: _____

Y N Suicide rehearsal Describe: _____

Y N History of suicidal behaviors
 • Single attempt Describe: _____
 • Multiple attempts Describe: _____

Y N Impulsivity Describe: _____

Y N Substance abuse Describe: _____

Y N Significant loss Describe: _____

Y N Relationship problems Describe: _____

Y N Burden to others Describe: _____

Y N Health/pain problems Describe: _____

Y N Sleep problems Describe: _____

Y N Legal/financial issues Describe: _____

Y N Shame Describe: _____

Section C (Clinician):**TREATMENT PLAN**

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	Self-Harm Potential	Safety and Stability	Stabilization Plan Completed ☐	
2				
3				

YES ____ NO ____ Patient understands and concurs with treatment plan?

YES ____ NO ____ Patient at imminent danger of suicide (hospitalization indicated)?

Patient Signature _____

Date _____

Clinician Signature _____

Date _____

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

CAMS STABILIZATION PLAN

Ways to reduce access to lethal means:

1. _____
2. _____
3. _____

Things I can do to cope differently when I am in a suicide crisis (consider crisis card):

1. _____
2. _____
3. _____
4. _____
5. _____
6. Life or death emergency contact number: _____

People I can call for help or to decrease my isolation:

1. _____
2. _____
3. _____

Attending treatment as scheduled:

Potential barrier:

Solutions I will try:

1. _____
2. _____

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

Section D (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS
OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL
OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE
OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
OTHER: _____

MEMORY: GROSSLY INTACT
OTHER: _____

REALITY TESTING: WNL
OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

☐ **LOW (WTL/RFL)** **Explanation:** _____
☐ **MODERATE (AMB)** _____
☐ **HIGH (WTD/RFD)** _____

CASE NOTES:

Next Appointment Scheduled: _____ Treatment Modality: _____

Clinician Signature _____ Date _____

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

Patient: _____ Clinician: _____ Date: _____ Time: _____

Rate and fill out each item according to how you feel right now

In the past week:

Suicidal Thoughts/Feelings Y___ N___ Managed Thoughts/Feelings Y___ N___ Suicidal Behavior Y___ N___

Resolution of suicidality, if: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings ☐ 1st session ☐ 2nd session

****Complete SSF Outcome Form at 3rd consecutive resolution session****

Patient Status:

TREATMENT PLAN UPDATE

☐ Discontinued treatment ☐ No show ☐ Cancelled ☐ Hospitalization ☐ Referred/Other: _____

Patient Signature	Date	Clinician Signature	Date
-------------------	------	---------------------	------

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

Section C (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (Circle appropriate items)

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS
OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL DIRECTED TANGENTIAL CIRCUMSTANTIAL
OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE
OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
OTHER: _____

MEMORY: GROSSLY INTACT
OTHER: _____

REALITY TESTING: WNL
OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

- ☐ MILD (WTL/RFL)
☐ MODERATE (AMB)
☐ HIGH (WTD/RFD)

Explanation:

CASE NOTES:

Next Appointment Scheduled: _____ Treatment Modality: _____

Clinician Signature _____

Date _____

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

CAMS SUICIDE STATUS FORM-4 (SSF-4) OUTCOME/DISPOSITION FINAL SESSION

Patient: _____ Clinician: _____ Date: _____ Time: _____

Section A (Patient):

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (<i>hurt, anguish, or misery in your mind, <u>not</u> stress, <u>not</u> physical pain</i>):	Low pain:	1	2	3	4	5	:High pain
2) RATE STRESS (<i>your general feeling of being pressured or overwhelmed</i>):	Low stress:	1	2	3	4	5	:High stress
3) RATE AGITATION (<i>emotional urgency; feeling that you need to take action; <u>not</u> irritation; <u>not</u> annoyance</i>):	Low agitation:	1	2	3	4	5	:High agitation
4) RATE HOPELESSNESS (<i>your expectation that things will not get better no matter what you do</i>):	Low hopelessness:	1	2	3	4	5	:High hopelessness
5) RATE SELF-HATE (<i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i>):	Low self-hate:	1	2	3	4	5	:High self-hate
6) RATE OVERALL RISK OF SUICIDE:	Extremely low risk: (will not kill self)	1	2	3	4	5	:Extremely high risk (will kill self)

In the past week:

Suicidal Thoughts/Feelings Y ___ N ___ Managed Thoughts/Feelings Y ___ N ___ Suicidal Behavior Y ___ N ___

Where there any aspects of your treatment that were particularly helpful to you? If so, please describe these. Be as specific as possible.

What have you learned from your clinical care that could help you if you became suicidal in the future?

Section B (Clinician):

Third consecutive session of resolved suicidality: ___ Yes ___ No (If no, continue CAMS tracking)

*Resolution of suicidality, if for third consecutive week: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings

OUTCOME/DISPOSITION (Check all that apply):

___ Continuing outpatient psychotherapy ___ Inpatient hospitalization
 ___ Mutual termination ___ Patient chooses to discontinue treatment (unilaterally)
 ___ Referral to: _____
 ___ Other, Describe: _____

Next Appointment Scheduled (if applicable): _____

Patient Signature _____ Date _____ Clinician Signature _____ Date _____

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

Section C (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS:	ALERT DROWSY LETHARGIC STUPOROUS
	OTHER _____
ORIENTED TO:	PERSON PLACE TIME REASON FOR EVALUATION
MOOD:	EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY
AFFECT:	FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE
THOUGHT CONTINUITY:	CLEAR & COHERENT GOAL DIRECTED TANGENTIAL CIRCUMSTANTIAL
	OTHER _____
THOUGHT CONTENT:	WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
	OTHER _____
ABSTRACTION:	WNL NOTABLY CONCRETE
	OTHER _____
SPEECH:	WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
	OTHER _____
MEMORY:	GROSSLY INTACT
	OTHER _____
REALITY TESTING:	WNL
	OTHER _____
NOTABLE BEHAVIORAL OBSERVATIONS:	_____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

- ☐ **LOW (WTL/RFL)**
- ☐ **MODERATE (AMB)**
- ☐ **HIGH (WTD/RFD)**

Explanation:

CASE NOTES:

Clinician Signature

Date