

CAMS SUICIDE STATUS FORM-4 (SSF-4) TRACKING/UPDATE INTERIM 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, not stress, not 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; not irritation; not 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 n/a Suicidal Behavior Y N

Section B (Clinician):

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 n/a

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

Patient Status:

TREATMENT PLAN UPDATE

Discontinued treatment No show Cancelled Hospitalization Referred/Other:

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

Patient Signature _____ Date _____ Clinician Signature _____ Date _____

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