

## CAMS SUICIDE STATUS FORM-4 (SSF-4) INITIAL SESSION

Patient:

Clinician:

Date:

Time:

### Section A (Patient):

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)

Rank	
	1) RATE PSYCHOLOGICAL PAIN ( <i>hurt, anguish, or misery in your mind, <b>not</b> stress, <b>not</b> physical pain</i> ): <div style="text-align: center;"> <b>Low pain:</b>    1   2   3   4   5    <b>:High pain</b> </div> What I find most painful is:
	2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ): <div style="text-align: center;"> <b>Low stress:</b>    1   2   3   4   5    <b>:High stress</b> </div> What I find most stressful is:
	3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <b>not</b> irritation; <b>not</b> annoyance</i> ): <div style="text-align: center;"> <b>Low agitation:</b>    1   2   3   4   5    <b>:High agitation</b> </div> I most need to take action when:
	4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ): <div style="text-align: center;"> <b>Low hopelessness:</b>    1   2   3   4   5    <b>:High hopelessness</b> </div> I am most hopeless about:
	5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ): <div style="text-align: center;"> <b>Low self-hate:</b>    1   2   3   4   5    <b>:High self-hate</b> </div> What I hate most about myself is:
N/A	6) RATE OVERALL RISK OF SUICIDE: <b>Extremely low risk: (will <b>not</b> kill self)</b> 1   2   3   4   5 <b>:Extremely high risk (will kill self)</b>

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**

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING

**I wish to live to the following extent:**    **Not at all:**    0   1   2   3   4   5   6   7   8    **: Very much**

**I wish to die to the following extent:**    **Not at all:**    0   1   2   3   4   5   6   7   8    **: Very much**

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	<i>Self-Harm Potential</i>	<i>Safety and Stability</i>	<i>Stabilization Plan Completed</i> <input type="checkbox"/>	
2				
3				

Patient understands and concurs with treatment plan? Y N

Patient at imminent danger of suicide (hospitalization indicated)? Y N

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

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