**The Risk Assessment**

Please circle Yes or No for each question.

1. Have you had psychiatric hospitalization within the past year?
   Yes No
2. Have you had a recent or impending loss?
   Yes No
3. Do you have a history of impulsive or self destructive behavior?
   Yes No
4. Have you committed violence in the past year?
   Yes No
5. Do you have access to guns or other weapons?
   Yes No
6. Do you have a family history of suicide?
   Yes No
7. Are you feeling socially isolated and hopeless?
   Yes No
8. Do you have a chronic, terminal or painful medical disorder?
   Yes No
9. Are you newly diagnosed with serious medical problems?
   Yes No
10. Are you a male age 65 or older?
    Yes No
11. Have you had a history of physical or sexual abuse in childhood?
    Yes No
12. Are you currently feeling suicidal?
    Yes No
13. Are you currently having homicidal ideation?
    Yes No
14. Do you have good family support?
    Yes No